MEDICAL CHARITY:

ITS ABUSES,

AND

HOW TO REMEDY THEM.

To the Editor of
the British & Foreign Medical Review
from the Author

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HOW TO REMEDY THEM.

BY

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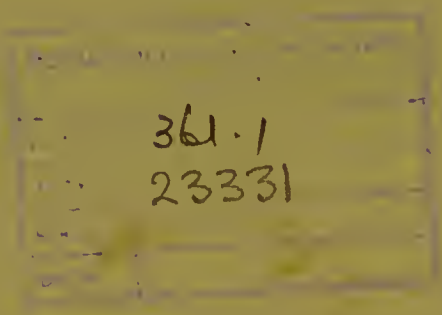

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MEDICAL CHARITY.

PART I:

THE EXTENT AND ABUSES OF MEDICAL CHARITY.*

"THE poor always ye have with you," is a saying which, so far as history records, has been applicable to man in all ages, in all countries, under every variety of social and political condition, and it is true still. Enthusiastic social reformers may predict a future for humanity when crime will be unknown, when the production of all that is needful for the satisfaction of the material wants of every member of the human family will be always assured, and when the distribution of what is produced will be so wise and equitable that those forms of suffering denoted by the terms "poverty" and "destitution" will no longer constitute a distinctive feature of human life; but there are, unfortunately, too many and too good reasons for fearing that that future is still very far off, that this generation and many after it are sure to have the poor still with them, and, therefore, that charity in its multiform aspects will long continue

* In preparing this 'Part' the Author has been greatly indebted to the following Publications:—

1. "Reports of the Committee and Sub-Committees appointed to inquire into the subject of Out-Patient Hospital Administration in the Metropolis." London: 1871.
2. "Our Medical Charities and their Abuses, with some Suggestions for their Reform." By William O'Hanlon. Manchester: 1873.
3. "Hospital Out-Patient Reform. No. 1. Facts and Figures." By H. N. Hardy. London: 1873.
4. "Letters to the Governors and other Subscribers of St. George's Hospital." By One of their Number. London: 1872.
5. "Letters to the *Times* and *Lancet* on Famine, Fever, and Public Charities," By Sir Charles Trevelyan, K.C.B. London: 1873.
6. "Sanitary Economics: or Our Medical Charities, as they are, and as they ought to be." By A. P. Stewart, M.D. London: 1849.
7. "Low's Handbook to the Charities of London for 1873." London: 1873.
8. "Second Annual Report of the Local Government Board. 1872–3." London: 1873.
9. "Metropolitan Asylum District. Abstract of the General Account of the Managers for the Half-year ending 29th March, 1873."
10. "Contrasts dedicated to the Ratepayers of London." London: 1873.
11. "Hints for the Subscribers to the Metropolitan Free Hospital." London: 1873 (Printed for Private Circulation).

one of the most important among the many beneficent agents of civilization.

But there are two kinds of charity: one seeing clearly into the character and conditions of its objects, the other blind; one wise, the other foolish; one beneficent, the other injurious. Clairvoyant, wise, and beneficent charity raises its objects, develops their resources, trains them to habits of self-help, and calls forth in them a spirit of independence; but blind, foolish, and injurious charity, even while temporarily benefiting its recipients, permanently degrades them: not perceiving the real nature of its applicants, it gives to those who are not really in need, and those who may be needing only temporary help, it converts into permanent pensioners on its bounty; moreover, it gives to those who clamour most, and neglects those who, being too modest or too feeble to make themselves heard amid the crowd of competitors for its favours, suffer in silence; it discourages thrift and prudence; it induces habits of carelessness, improvidence, and helplessness; and it both generates and fosters that spirit of dependence which is the chief source of pauperism in this country.

Surely, then, it behoves all classes, above that of the pauper himself, thoroughly to acquaint themselves with the twofold nature and opposite effects of charity! For by thoroughly understanding that nature and those effects we shall be enabled, while promoting the cultivation and development of true charity to an extent commensurate with the real necessities of suffering humanity, to restrain—if not wholly suppress—that spurious charity which, as a worker of evil, is one of the greatest enemies enlightened philanthropists have to contend against at the present day. As a slight contribution to the elucidation of this difficult subject, the following pages will, we hope, prove useful to those who concern themselves in bettering the condition of the poor.

Charity presents itself in so many aspects that it would be impossible for us to treat profitably of each within the limits here assigned to ourselves; we propose therefore to deal only with medical charity, and mainly, though not exclusively, with it in so far as it is observable in the British metropolis.

The amount known to be expended in the shape of medical charity in London is astonishingly great, and is increasing every year. Great, however, as that amount is, the aggregate sum of all that is expended privately, and of which no record exists, must also be enormous. Moreover, several of the public institutions engaged in the administration of medical charity give either inadequate or unsatisfactory information respecting their income and expenditure, and none at all respecting their accumulated

funds. The income of the great majority of the medical charities consists mainly of donations, annual subscriptions, and occasional legacies; but that of the three largest hospitals—viz., Guy's, St. Bartholomew's, and St. Thomas's—is derived almost entirely from real and funded property, the produce of endowments. In nearly all cases the income of the several institutions exceeds the expenditure; and the surplus—very often a considerable one—is invested year by year as it occurs. The aggregate amount of such investments becomes in many instances a very important reserve fund—in some instances so large indeed as ultimately to yield the largest proportion of the income of the institution in question. We regret that the information given concerning these invested funds is in many cases notably deficient, and in many others is withheld altogether. Perhaps experience proves that the less the charity-giving public knows of the existence or extent of "invested funds," the more easily are its benevolent feelings excited, and the more abundant are its subscriptions; and therefore that, as a matter of policy, a minimum amount of information concerning those funds is volunteered to the public, to which urgent appeals for help are continuously made in the public journals.

We present below a tabular statement concerning the metropolitan hospitals, dispensaries, and asylums; but for want of sufficient data we are obliged to present it in a very defective state. Moreover, we are far from claiming that the list here given of 79 hospitals, of 43 dispensaries, of 5 asylums for lunatics, and 4 asylums for idiots and imbeciles, is complete even as respects number merely, for we believe there are in the metropolis many small medical charities of which we have no knowledge; indeed, there must be such, for new ones are constantly springing up. In the list here supplied we have endeavoured, in the case of the hospitals, to state the number of beds appropriated to patients in each, the number of in-patients and of out-patients respectively treated during each year, the yearly income and expenditure, and the amount of invested funds. It will be observed that only in respect to the amount of income is the statement, even in appearance, approximately complete. We give the fullest information we can under the other headings—defective though it be—for what it is worth, and, indeed, as we shall find, it is worth a good deal.

In compiling these tables we have taken the facts from the last published reports of the hospitals themselves, in all cases in which we are able to obtain those reports; and in the majority of cases the reports we have used are those which were published in 1873, and which relate to the year 1872. In respect to the few hospitals of which we have not received the reports, we have de-

pended on "Low's Hand-book to the Charities of London for 1873," which in most cases refers to the state of the medical charities in question in 1871, instead of in 1872. In respect to about the half of the dispensaries we have also depended on that work. Though we have expended much time and care in endeavouring to make the analysis here presented as accurate and as complete as possible, we are painfully conscious that it is far from being so; but, at all events, it is sufficiently so to form an adequate basis for the argument which we shall hereafter build upon it.

Table showing the number and names of the Metropolitan Hospitals; the number of Beds, and the number of In- and Out-Patients treated in each; and the amount of Income, Expenditure, and Invested Funds of each.

No.		Beds.	In-patients.	Out-patients.	Income.	Expenditure.	Invested Funds.
		No.	No.	No.	£	£	£
1	Cancer Hospital	60	687	836	9,156	6,470	...
2	Charing Cross Hospital	150	1,362	15,928	9,925	8,102	20,801
3	Chest, City of London Hospital for Diseases of the	160	773	13,538	9,954	8,724	...
4	Chest, Hospital for Consumption and Diseases of the	210	1,169	12,588	17,166	14,393	30,321
5	Chest, Infirmary for Consumption and Diseases of the	...	...	1,913	553	467	...
6	Chest, National Hospital for Consumption and Diseases of the (Ventnor)	24	159	18	9,215	9,138	...
7	Chest, National Sanitorium for Consumption and Diseases of the	...	...	...	...	...	...
8	Chest, Royal Hospital for Diseases of the	12	156	4,806	4,046	2,691	6,500
9	Chest, North London Hospital for Consumption and Diseases of the	22	226	7,840	2,334	2,993	7,650
10	Children, Belgrave Hospital for	19	111	878	988	994	...
11	Children, East London Hospital for	35	300	7,528	3,745	3,262	5,945*
12	Children, Evelina Hospital for	100	297	6,845	2,847	2,358	...
13	Children, Hospital for Sick	127	844	11,900	12,590	7,715	19,000
14	Children, North Eastern Hospital for	22	112	10,940	1,041	1,274	6,004
15	Children, Royal Infirmary for	...	101	5,339	2,406	1,783	4,326
16	Children, Victoria Hospital for Sick	42	358	3,500†	3,536	2,060	2,724
17	Children, Home for Sick	25	170	...	...	...	...
18	Crippled Boys' Industrial Home	...	...	...	1,192	...	...
19	Cripples' Home	100	100	...	4,622	3,750	5,298
20	Cripples' Nursery	50	...	...	1,870	...	...
21	Dental Hospital	...	...	16,539	843	747	453
22	Dental Hospital, National	...	...	5,727	230	...	...
23	Fever Hospital, London	260	...	...	...	...	...
24	Fistula, St. Mark's Hospital for	50	...	1,071	2,113	2,913	10,434
25	German Hospital	100	1,210	16,347	7,195	5,863	33,700
26	Great Northern Hospital	30	218	23,655	3,706	3,416	...
27	Guy's Hospital	710	5,000	85,000	45,000	...	...
28	Hip Disease in Childhood, Hospital for	70	80	...	1,991	1,073	920
29	Homœopathic Hospital	...	485	6,925	2,926	2,691	6,500
30	Incurables, Hospital for	137	137	277	21,855	...	30,854
31	Incurables, British Home for	120	120	189	10,154	8,894	20,978
32	Jews Hospital, Spanish and Portuguese	...	62	1,700	1,983	1,984	...
33	King's College Hospital	170	1,540	33,111	10,708	9,382	20,339
34	Legs, Hospital for Diseases of	20	...	10,000	398	590	500
35	Lock Hospital	180	810	4,520	9,888	5,658	636
36	London Hospital	600	5,899	64,285	23,977	35,480	196,792
37	Lying-in Hospital, British	40	195	562	1,727	1,161	2,100
38	Lying-in Hospital, City of London	...	421	143	2,036	1,460	9,910
39	Lying-in Hospital, General	30	...	...	...	...	...

* This sum includes the value of the Hospital buildings.

† In the "Medical Report" of this Hospital, the number of "Attendances" only is stated—viz., 10,921. We presume the "Cases" would form about a third of that number.

No.		Beds.	In-patients.	Out-patients.	Income.	Expenditure.	Invested Funds.
		No.	No.	No.	£	£	£
40	Lying-in Hospital, Queen Charlotte's	50	433	686	3,078	1,812	9,000
41	Metropolitan Convalescent Institution	380	3,194	...	8,424	...	6,800
42	Metropolitan Free Hospital...	30	277	30,624	4,790	3,959	...
43	Middlesex Hospital	310	1,882	20,471	36,403*	7,500	150,000
44	Nervous System, Hospital for Diseases of	30	...	1,000	1,924	1,060	...
45	Nervous Diseases, National Hospital for the Special Treatment of	20	...	7,000	695	932	...
46	North London, or University College Hospital ...	150	1,777	17,263	12,901	12,451	40,000
47	Ophthalmic Hospital, Central London	...	...	5,607	1,079	437	437
48	Ophthalmic Hospital, Royal London	70	1,300	18,700	4,828	...	...
49	Ophthalmic Hospital, Royal South London	...	...	3,486	1,150	825	400
50	Ophthalmic Hospital, Royal Westminster	36	351	9,257	2,021	1,460	8,281
51	Ophthalmic Hospital, Western	...	59	1,941	577	552	...
52	Orthopædic Hospital, City	12	...	1,189	2,034	869	1,002
53	Orthopædic Hospital, National	24	87	1,962	1,957	1,889	...
54	Orthopædic Hospital, Royal...	45	1,474	...	3,210	2 836	155
55	Paralysed and Epileptic, National Hospital for the	100	...	2,222	5,670	4,201	...
	,, ,, ,, Various special Funds of	...	...	...	6,765	...	...
56	Poplar Hospital	40	262	2,774	2,277	2,215	1,745
57	Royal Free Hospital	102	1,439	46,392	7,077	...	...
58	Royal Surrey County Hospital	60	...	...	2,194	...	...
59	St. Bartholomew's Hospital, including Home at Highgate	710	6,000	100,000	40,000	...	...
60	St. George's Hospital	350	3,554	18,612	22,788	21,496	101,555
61	St. George's Convalescent Hospital	...	659	...	4,192	...	...
62	St. Mary's Hospital	165	1,777	20,783	13,576	9,876	16,881
63	St. Thomas's Hospital	620	6,000†	66,000	39,000	...	...
64	Sea Bathing Infirmary	...	...	...	...	...	...
65	Seaman's Hospital	350	2,221	1,671	7,086	9,738	103,000
66	Skin Diseases, British Hospital for	...	...	3,891	2,424	981	3,500
67	Skin Diseases, Hospital for	...	...	10,000	...	...	...
68	Skin Diseases, National Institution for	...	...	...	...	...	...
69	Skin Diseases, St. John's Hospital for	14	...	...	347	...	...
70	Small Pox Hospital...	108	...	...	2,000	...	...
71	Stone, St. Peter's Hospital for	...	66	2,000	1,197	1,035	...
72	Throat, Hospital for Diseases of	...	151	3,134	2,865	2,334	...
73	West London Hospital	63	407	20,240	2,794	2,202	...
74	Westminster Hospital	191	1,802	25,279	8,588	8,241	13,291
75	Women, Hospital for Diseases peculiar to	8	32	500	300	...	100
76	Women, Chelsea Hospital for	72	262	3,172	6,096	...	...
77	Women and Children, Samaritan Hospital for ...	36	262	6,652	4,278	3,070	...
78	Women's Hospital	10	103	3,681	1,001	809	...
			58,671	830,519	538,627		

* Including amount of Samaritan Fund, 233*l.*, and of Legacies received during 1872—25,093*l.*
† Stated conjecturally.

Table showing the number of Patients, the Income and Expenditure, and the Invested Funds of the Metropolitan Dispensaries.

No.	Name.	No. of Patients.	Income.	Expenditure.	Invested Funds.
			£	£	£
1	Bloomsbury	4,545	1,197	...	...
2	Brompton Homœopathic	400	...	...	...
3	Camberwell, Provident	...	...	...	...
4	Camden Town	1,000	1 60	189	...
5	Chelsea, Brompton, and Belgrave...	5,858	1 086	566	...
6	City	13,360	1 220	1,150	2,000
7	City of London and East London	5,191	812	...	...
8	Clapham	...	371	431	...
9	Clare Market, Public Dispensary	4,754	560	628	5,000
10	Ear, Royal Dispensary for Diseases of	7,000	·300	...	...
11	Eastern	3,707	490	...	5,225
12	Farringdon, General	27,166	398	546	...
13	Finsbury	6,000	541	599	650
14	Haverstock Hill Provident	...	...	...	...

No.	Name.	No. of Patients.	Income.	Expenditure.	Invested Funds.
			£	£	£
15	Holloway and North Islington	8,469	1,154	851	...
16	Islington and North London Provident	...	...	...	...
17	Islington	14,654	830	998	...
18	Kensington	5,082	574	595	...
19	Kilburn, General	...	700	...	...
20	Metropolitan	8,467	741	820	...
21	North-West London, for Children	4,306	227	189	...
22	Paddington, Provident	...	...	...	...
23	Provident, Medical	...	...	...	...
24	Queen Adelaide's	43,088	420	...	1,350
25	Royal Maternity Charity	3,253	1,631	1,580	...
26	Royal Pimlico	5,802	856	576	...
27	Royal South London	5,765	1,274	1,059	...
28	Rupture Society	685	485	...	7,800
29	St. George's and St. James's	6,962	430	560	300
30	St. John's Wood	...	500	...	...
31	St. Marylebone, General	4,240	722	638	1,250
32	St. Marylebone, Provident	...	...	...	...
33	St. Pancras and Northern	5,173	44	45	...
34	Skin Diseases, Western Dispensary for	...	800	...	...
35	South Lambeth	2,801	521	494	...
36	Surgical Aid Society	...	2,227	1,758	1,700
37	Surrey	5,139	3,044	...	17,415
38	Tower Hamlets	1,579	351	...	...
39	Truss Society	8,114	3,894	...	...
40	Western City	794	154	...	1,000
41	Western	...	...	...	...
42	Western General	28,311*	1,422	1,143	...
43	Westminster General	12,000	490	492	1,100
		253,665	30,626		

* This number includes 21,850 "Temporary Cases."

The following summary statement represents approximatively the total number of persons, exclusive of paupers, who, during the year 1872, were recipients of medical charity in the metropolis:—

Total number of In-patients as recorded in Table No. I.	58,671	
Estimated number of In-patients of hospitals from which we have no return, say	1,329	
Total number of In-patients		60,000
Total number of Out-patients as recorded in Table I.	830,519	
Total number of Dispensary Patients as recorded in Table II.	253,665	
Estimated number of Out-patients of 6 Dispensaries and of 11 Hospitals from which we have no return, say	55,716	
Total number of Out-patients		1,140,000
Total number of In- and Out-patients		1,200,000

We believe that the total number of patients here given is not far from correct. Whatever amount of error it may contain certainly consists mainly of omissions. Several hospitals and dispensaries report, not the number of *patients* treated during the year, but the number of times patients have attended; and as, of course, one patient may attend several times, the number of attendances is no reliable index of the number of patients treated; but in all cases in which attendances and not patients are reported we have made a careful estimate of the probable number of patients treated, and have recorded that number so that exaggeration has been scrupulously excluded. Therefore the total number of patients here stated represents the aggregate number of patients attending the various hospitals and dispensaries mentioned in the tables. Moreover, as we know several dispensaries not mentioned in Table II. exist in the metropolis, it is certain that, if the reports actually published are true reports, the number of persons in receipt of gratuitous medical relief must, in fact, be greater than that which we have stated.*

The hospitals from which in respect to out-patients we have obtained no return are 11 in number, and there are 6 dispensaries mentioned in Table II., exclusive of the Provident Dispensaries, the patients of which are not enumerated. It seems to us probable that if the number of out-patients of these hospitals and the number of the patients of the dispensaries were added together the total would be near upon 125,000. However, to insure that we understate rather than overstate the number, we have estimated them at less than half of that number; and for the sake of obtaining a round number as a total, we have stated them at 55,716. The statistics of the Provident Dispensaries we have omitted altogether, as they do not properly come within the category of medical *charities*.

The aggregate income for 1872 of the whole of the medical charities concerned in affording medical relief during that year to 1,200,000 persons was as follows :—

---

* Since the articles constituting this little volume were published in the *Westminster Review*, we have learnt, from the Medical Directory for 1874, of the existence of 10 hospitals and 41 dispensaries which are not included in the tables we have given above. The 10 hospitals comprise 2 built we believe under the authority of the "Metropolitan Poor Act, 1867,"—viz., the "Highgate Asylum," and the "Poplar and Stepney Sick Asylum." These two hospitals contain collectively 1109 beds. The remaining 8 hospitals contain collectively 158. The majority of the 41 dispensaries in question are suburban. For a list of these hospitals and dispensaries, see note A in the Appendix.

Income, stated, of 70 Hospitals supported by Endowments, Legacies, Donations, and Subscriptions	538,627	
Income, not stated, of 8 Hospitals of the same class	29,378	
		568,000
Income, stated, of 35 Dispensaries supported by Endowments, Legacies, Donations, and Subscriptions	30,626	
Income, not stated, of 1 Dispensary, say	1,374	
		32,000
Besides this enormous sum of £600,000 provided and administered by voluntary agency, there was a compulsory levy in the shape of poor-rates on behalf of Pauper Patients during 1872 as follows:—		
Proportion of Poor-rates paid for the ordinary Medical Relief of the Poor		41,031
Paid by the Metropolitan Parishes through the agency of the Metropolitan Asylum Board for—		
Hampstead Hospital	2,859	
Homerton Small-pox Hospital	5,356	
Homerton Fever Hospital	6,391	
Stockwell Small-pox Hospital	5,513	
Stockwell Fever Hospital	4,698	
		24,817
Total sum contributed for providing gratuitous Medical Relief of the Poor, exclusive of Lunatics and Idiots, during 1872		£665,848
Cost of Lunatics:—		
In St. Luke's Hospital supported by voluntary agency	9,000	
In Bethlem Hospital supported by voluntary agency	30,000	
Pauper Lunatics, chiefly in Colney Hatch, Hanwell, and the City of London Asylum, and paid for by poor rates, the amount of which in 1872 was	159,530	
		198,530
Cost of Idiots and Imbeciles:—		
In Earlswood Asylum, supported by voluntary agency	26,857	
In Leavesden Asylum*	37,510	
In Caterham Asylum*	44,123	
In Hampstead Hospital*, say	21,510	
		130,000
Total amount contributed by voluntary and compulsory agency to provide for the gratuitous medical aid of all kinds afforded by, or in, the metropolis in 1872		£994,378

* These Asylums are paid for by the metropolitan parishes through the agency of the Metropolitan Asylum Board.

In estimating the yearly cost of the Hospitals and Asylums under the direction of the Metropolitan Asylum Board we have taken the cost, as stated officially, for the half-year ending March 29th, 1873, and have doubled it.

We have just explained that the tables given above do not comprise every medical charity in the metropolis, and we are by no means sure that we have not considerably understated the amount expended in the gratuitous support and medical care of lunatics; but we are quite certain that the total sum—nearly a million of pounds—here shown to have been provided by the metropolis during 1872, as payment for the medical care and needs of a part of its population suffering from diseases of various kinds, is not more, but less, than the sum actually contributed. On examining the results here presented, and bearing in mind that the population of the metropolis *within the police circle* is now nearly 4,000,000,* we observe that those results may be concisely expressed in round numbers as follows :—

An amount equal to nearly eightpence per head of the whole population is spent annually in supporting idiots and imbeciles.

An amount equal to one shilling per head of the whole population is spent annually in supporting lunatics.

An amount equal to three shillings per head of the whole population is spent annually in the voluntarily gratuitous medical relief of patients not afflicted with mental disease.

An amount equal to fourpence per head of the whole population was spent in 1872 on the compulsorily gratuitous medical relief of persons not afflicted with mental disease.

These statements are based on the assumption that the income and expenditure of the voluntary medical *charities* equal each other, as is the case with the income and expenditure of the institutions under the direction of the Metropolitan Asylum Board. The *ordinary* expenditure of the voluntary medical charities, in the majority of cases, is, however, less than the income; but for reasons which we shall hereafter mention, we consider it expedient to regard the amount of income as the measure of the expenditure.

Unfortunately we have no means at present available by which we can learn what proportion of the population of the capitals of Ireland and Scotland are recipients of medical charity, what is the aggregate cost of all its forms in each of those capitals, and what is the average cost of it per head of all its recipients: we say "unfortunately," because if a just comparison of the number in proportion to the population receiving

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* Allowing for the known increase of London we assume that its population at the end of 1872 was 3,939,470.

medical charity, and of the cost of it per head in Dublin and Edinburgh could be made with the number and cost in London, such a comparison would, we believe, be very instructive, and would probably show that both the number and cost per head are much greater in London than they are either in Dublin or Edinburgh.

But even in Manchester, where wealth abounds in a maximum degree, the cost of voluntary medical charity is, in proportion to the population, far less than it is in London, if the value of the land and buildings occupied by the charities both in Manchester and London be not taken into account. Mr. O'Hanlon, whose admirable paper on the Medical Charities of Manchester was read to the Manchester Statistical Society last February, has shown that, according to "the most recent available reports," the present annual expenditure in medical charity in that city, exclusive of the annual value of the land and buildings occupied by the various institutions, is 35,655*l.* Now this sum divided equally among the whole population would yield to each member of it 1*s.* 4¾*d.*; whereas, exclusive of the amount paid by the metropolitan parishes for pauper patients, and exclusive of the value of the land and buildings occupied by the London Medical Charities, their aggregate income during 1872 was 600,000*l.*, which, divided equally among the whole metropolitan population, would yield 3*s.* to each person. It thus appears that, in proportion to the population, more than double the amount spent in Manchester is spent in London in the shape of voluntary medical charity. In Manchester one person in every five receives such charity; and if the total amount expended were divided equally among its recipients, each would receive 6*s.* 4¾*d.*; but in London, although the number of recipients in proportion to the population is much greater than in Manchester—being in fact three persons out of every ten, the sum available for voluntary medical relief in London during 1872 would, if divided equally among the 1,200,000 recipients of it, yield 10*s.* to each of them.

Let us now glance at this question of cost in another aspect. We possess no information respecting the actual cost per week of in-patients of the several London hospitals; we have reason to believe, however, that the cost is very much greater in some hospitals than it is in others. We doubt if in any London hospital separate accounts are kept of the cost of in-patients and of out-patients respectively. But there are institutions which afford medical relief to out-patients only, and there are institutions which take charge of in-patients only: the former are the dispensaries; the latter are the convalescent hospitals and the asylums for the insane or imbecile. We have no information of

the weekly cost per head of inmates of the convalescent hospitals; but we have precise and authoritative information on this point concerning several asylums.

During the half-year ending the 29th of March, 1873, the weekly cost of each inmate of Leavesden Asylum was 7*s.*, and at the Caterham Asylum during the same period it was 7*s.* 7*d.* At the Fisherton Asylum the weekly cost is 11*s.* At Earlswood the cost in 1865 was 12*s.* 4*d.*; but in 1872 the cost had risen to 17*s.* 8*d.* For reasons which will become apparent hereafter, we shall ignore the increased cost of the inmates of Earlswood since 1865. Now the average cost per week of each inmate at these four Asylums is 9*s.* 5¾*d.*, and the average cost means the cost of maintenance of the patients including their clothing, maintenance of the officers including their salaries, as well as the medical and other charges. As the in-patients of the London hospitals find their own clothing, it might be supposed that their cost in other respects would not exceed the average cost of patients in the asylums just mentioned—say 9*s.* 6*d.* each per week. But in order that we may make a liberal allowance for each patient in the London hospitals, we will assume it to be 12*s.* 6*d.* each per week, or 2*d.* more than the cost in the most costly of the asylums—viz., that of Earlswood, 1865; and as every one can testify who visits that establishment that its provisions, administration, and style are first class, it will be admitted, we think, that the in-patients of no hospital supported by public charity ought to cost more per head than do the inmates of Earlswood. The average length of time during which patients remain in the Manchester hospitals is about four weeks; and we shall assume that patients remain, on an average, the same length of time in the London hospitals. The total number of in-patients of the voluntary London hospitals during 1872 was, as we have shown, about 60,000. The weekly average cost per head of this number being 12*s.* 6*d.*, and the *average* length of their stay in hospital being four weeks, their total cost would be 150,000*l.* Deducting this amount from the total cost of the in- and out-patients—viz., 600,000*l.*, we find the remainder to be 450,000*l.* to provide for the treatment of 1,140,000 out-patients, and this sum divided equally among them would yield close upon 7*s.* 10½*d.* to each.

The ascertained average cost of treating patients at seven different dispensaries in Manchester was 2*s.* 6*d.* each, and this we understand is a greater sum than they are supposed to cost in London: certainly, 2*s.* 6*d.* per patient is in our opinion amply sufficient to pay all expenses of carrying on a thoroughly efficient dispensary. The reports are now lying before us of three dispensaries—viz., "The Royal South London," "The

Islington," and "The Chelsea, Brompton, and Belgrave." The first refers to the year 1869. In that year the total expenditure of the institution was 1004*l.* 8*s.*, and the number of patients treated by it in the same year was 7000; dividing the money spent by the number of patients treated, we find that the cost of treating each patient was 2*s.* 10¼*d.* The report of the Islington Dispensary refers to 1872. In that year the total expenditure was 998*l.*, and the number of patients treated was 14,654; the treatment of each of these cost, therefore, 1*s.* 4¼*d.* The report of the "Chelsea, Brompton, and Belgrave" also refers to 1872. The expenditure that year was 566*l.*, and the number of patients treated was 6697; in this case division of the money spent by the number of patients treated shows that they cost 1*s.* 8¼*d.* each. Adding the cost in these three cases together and dividing the total by three we find the aggregate number of patients treated at the three dispensaries—viz., 28,351 cost 1*s.* 11¾*d.* We entertain a strong opinion that the treatment of patients at the dispensaries is, as a general rule, quite as skilful, careful, and successful as is the treatment of the out-patients of hospitals: therefore, in assuming the average cost of both classes of patients in the metropolis to be 2*s.* 6*d.* each, we believe we over-estimate the necessary cost, and certainly we do not under-estimate it.

Now we have shown that, exclusive of the value of the land and buildings occupied by the metropolitan medical charities, their income in 1872 was 600,000*l.*; that, assuming the total cost of the 60,000 in-patients treated during that year to have been, as it might have been, 150,000*l.*, there would have remained a balance of 450,000*l.* available to defray the cost of the treatment of the out-patients, including those treated at dispensaries; and that the average cost per head of the treatment of out-patients, including those treated at dispensaries, is not in many institutions, and ought not generally to be, more than 2*s.* 6*d.* But if the sum just mentioned of 450,000*l.* be appropriated for the treatment of such patients, then the treatment of the 1,140,000 of them in London during 1872 must really have cost 7*s.* 10½*d.* each! If, on the other hand, they did not really cost, at the utmost, more than 2*s.* 6*d.* each, or collectively 142,500*l.*, then the amount of the difference between that sum and the sum mentioned above as available for the treatment of the class of patients in question—that is to say, 307,500*l.*—was subscribed in excess of what was needful for the treatment of the whole of the patients who were treated through the agency of the voluntary medical charities in the metropolis during 1872. How that vast sum was actually appropriated is a question we must leave the givers of medical charity to ask, and the administrators of that charity to answer.

In stating the aggregate income of the London medical charities, we have done so without regard to the value of the land and buildings occupied by them. It is manifest that if to the income already stated 5 per cent. on the value of the land and buildings in question were added, that income would be enormously increased. We have no means of knowing, even approximatively, what the value of those lands and buildings is. But the value of those belonging to the medical charities of Manchester seems to have been fairly ascertained, and Mr. O'Hanlon has given a separate statement of the value of those belonging to each charity. The total value of the whole of them appears to be 839,810*l.*, and 5 per cent. on that amount is 41,990*l.* 10*s.* Now, seeing that the amount of medical charity administered in Manchester is, in proportion to the population, considerably less than that administered in London, we may fairly assume that the value of the land and buildings used by the charities in London is quite as great in proportion to its population as is the value of the lands and buildings used by the charities of Manchester in proportion to its population. The population of London is about $7\frac{3}{4}$ times that of Manchester. Multiplying the alleged value of the lands and buildings of the Manchester medical charities by $7\frac{3}{4}$, we find that the value of the lands and buildings of the metropolitan medical charities is 6,508,527*l.*—or, say in round numbers, six millions and a half! Five per cent. on this sum is 325,000*l.*, which, added to the income of those charities as already stated—viz., 600,000*l.*, bring up the total income to the respectable sum of 925,000*l.* This amount divided among the 1,200,000 recipients of medical charity in London would yield to each 15*s.* 5*d.* The total number of medical men in London is about 3500, and the enormous sum just mentioned would suffice to insure to each of them 264*l.* a year, irrespective of any private practice they may have.

Being unable to do more than hazard a conjecture concerning the value of the property occupied by the 78 hospitals and 37 dispensaries the incomes of which we have endeavoured to state, we must content ourselves by mentioning the value of the land and buildings of only one—a very important one certainly—viz., St. Thomas's. The land on which that magnificent hospital now stands was bought—and very cheaply it is said—from the Metropolitan Board of Works for 95,000*l.*, and 5000*l.* was given for the roadway. The buildings were estimated to cost, according to the original contract, 330,000*l.* To furnish and complete the establishment in every respect, in the style in which it is finished, can scarcely fail to bring up the total cost to 500,000*l.* We may add that the hospital is designed to con-

tain 600 beds; that if the land, buildings, furniture, &c., should cost half a million, each bed will cost 833*l.* 6*s.* 8*d.*, the interest on which is 16*s.* a week, or 3*s.* 6*d.* a week more than the total cost of the food, nursing, &c., of each patient. So that, supposing the current weekly expenses per head of the patients in St. Thomas's is limited to 12*s.* 6*d.* (and this is supposing a good deal), the charge of 5 per cent. interest on the capital sunk in providing each bed, when added to that 12*s.* 6*d.*, will swell the weekly cost of each patient to 1*l.* 8*s.* 6*d.* The cost of Poplar Hospital is at the rate of 30*l.* a bed, the weekly interest on which is 7*d.*; so that a patient may be provided with the same quality of food, nursing, and general care in Poplar Hospital for 13*s.* 1*d.* per week as that which in St. Thomas's will cost 1*l.* 8*s.* 6*d.*—or, in other words, the sum which provides 100 beds in St. Thomas's would provide 217 beds in Poplar Hospital.

Though unable to give any authentic information concerning the cost of the various metropolitan hospitals and dispensaries supported by endowments or voluntary contributions, we can give the cost of the hospitals and asylums under the direction of the Metropolitan Asylum Board. The following statements respecting these institutions are official:—

Name.	Number of Beds.	Cost of Land, Construction, and Furniture.
Stockwell Fever Hospital ...	176 ...	53,000
Homerton „ „ ...	200 ...	45,000
Stockwell Small-pox Hospital ...	102 ...	40,000
Homerton „ „ ...	102 ...	32,000
Leavesden Asylum ...	1,809 ...	157,000
Caterham „ ...	1,882 ...	160,000
	4,271	£487,000

In consequence of the outbreak of relapsing fever in the metropolis during 1870 the managers of the above hospitals and asylums caused a temporary hospital to be erected at Hampstead for the reception of patients suffering from that fever. The hospital was afterwards enlarged, and used as a small-pox hospital. When it was no longer needed for small-pox cases it was thoroughly disinfected, and is now used for the reception of 580 imbeciles. The cost of this hospital we are unable to state, but it can scarcely have been less, we presume, than 33,000*l.* This would bring up the total cost of the hospitals in question to 520,000*l.*; and, in fact, we learn that "the total amount raised by the managers for the purchase of land and the erection and fitting up of their several establishments has been somewhat over half a million, which is repayable, with interest, in equal instalments spread over sixty years."

If to the conjectural estimate given above of the cost of the medical charities supported by endowments and voluntary contributions we add the actual cost of the institutions under the management of the Metropolitan Asylum Board, we find the total cost to be above seven millions of pounds; and even this sum does not include the cost of either the County Lunatic Asylums—Hanwell and Colney Hatch, or of the City of London Lunatic Asylum, or of the workhouse infirmaries.

In closing these remarks on the cost of the land, buildings, and furniture of the various medical institutions above adverted to, we cannot help directing attention to an astounding contrast of the total sum expended on the hospitals and asylums under the management of the Metropolitan Asylum Board with that expended on St. Thomas's Hospital: leaving the Hampstead Hospital out of the account, we see that the six other hospitals built by that board at a total cost of 487,000*l.*, contain collectively 4271 beds; whereas St. Thomas's Hospital alone has cost about the same sum, and will contain only 600 beds!

In writing the preceding pages we have had three objects in view: *First*, to show what is the proportion of the metropolitan population which is habitually receiving medical charity; *Secondly*, to show what is the annual cost of that charity; and *Thirdly*, to show that the total cost of the 60,000 in-patients, and of the 1,140,000 out-patients, who were under treatment during 1872 was extravagantly great—was, in fact, at least 300,000*l.* more than it ought to have been, even on the assumption that there is no extravagance in respect to the land and buildings occupied by the charities—an assumption which will itself perhaps be held to be very extravagant indeed. But we shall now proceed to inquire whether the 1,200,000 recipients of medical charity in London are really and truly proper objects of such charity in any rational sense of that term.

On the census night, April 3rd, 1871, the population of London was, within the tables of mortality, 3,251,804; within the Parliamentary boundaries, 3,008,101; within the limits of the Metropolis Local Management Act, 3,264,530; within the London School Board District, 3,265,005; within the police circle, 3,883,092. The police circle comprises a considerable number of important centres in which there must be medical charities, consisting chiefly of dispensaries, but comprising also a few hospitals not included in the list given in the beginning of this essay. We know, for example, that Acton and Ealing have each a dispensary of their own. Croydon, also within the police circle, is so large that we feel sure it must have at least one medical charity of its own. Hackney, Stepney, Fulham, Stoke Newington, Bow, Bromley,

Greenwich, Deptford, Woolwich, Wandsworth, Putney, Tooting, Streatham, Hampstead; and Lewisham are several among the numerous suburbs in which dispensaries are almost sure to exist; and it will be observed that none of these places are represented in the tables we have given. Therefore, if we take the number of the population within the metropolitan police circle as the basis of comparison with the number of patients treated gratuitously during the year 1872, we shall certainly under-estimate the proportion of the London population receiving such charity in that year. We prefer, however, to understate our case, and hence take the number of the population within the police circle as our standard. The population of the United Kingdom is increasing at the rate of 705 per day; and as the metropolitan population forms about an eighth of the whole, its increase is at the rate of about 88 per day. Allowing for this increase, we find that the total population within the police circle at the end of 1872 was 3,939,466; we therefore speak of it in round numbers as 4,000,000. We have shown that the number of patients treated during 1872 was 1,200,000. Now 1,200,000 constitutes exactly 30 per cent., or three-tenths of the whole population in question; and it is, in fact, highly probable that if we knew what is the number of patients treated gratuitously in the various suburban centres just adverted to, we should find that the total number of the recipients of medical charity really forms a third of that population. But assuming it to be only three-tenths, this enormous proportion cannot fail to strike with astonishment any one who considers it for the first time. Indeed it seems at first sight incredible that in the wealthiest metropolis in the world medical charity should have assumed the colossal magnitude which it actually presents; and, as a matter of fact, such incredulity is in a certain sense justified, for the enormous development which metropolitan medical charity has attained is a phenomenon of recent years.

The extraordinarily rapid increase in the number of persons receiving gratuitous medical relief in proportion to the increase of the general population is exemplified by the following facts. In 1830, at eight hospitals which at that date supplied advice and medicines to out-patients, the total number of such patients was 46,435; but in 1869 it had arisen to 277,891. This more than fivefold increase took place during a period in which the metropolitan population had only a little more than doubled. The rapid increase in the number of out-patients at St. Thomas's and at St. George's Hospitals fairly exemplifies what has taken place, and what is still taking place, at the medical charities generally. Until 1834, St. Thomas's Hospital was without an out-patient department. At that date the practice of prescrib-

ing for and supplying medicines to out-patients began ; and the number of out-patients increased so rapidly, that in 1842 it was found necessary to add to the professional staff a second assistant-surgeon and two assistant-physicians. In 1858 the total number of out-patients at this hospital was 38,268 ; in 1861 the number was nearly 42,000 ; and in 1869 it had reached nearly 66,000. During the seven years between 1863 and 1870, the number of out-patients at St. George's Hospital rose from 14,853 to 18,923, being an increase of nearly 30 per cent. The Royal Albert Hospital at Devonport "was established in 1861, on the ordinary principle of a free hospital ; but before it had been six years in operation, the number of its out-patients was found to be so increasing that it threatened to absorb the whole revenue derived from subscriptions, and to leave nothing for the in-patient department, which consisted of fifty-five beds." Mr. O'Hanlon shows that "the average number of patients treated annually at St. Mary's Hospital (Manchester) during the periods of five years ending 1861, 1866, and 1871, were 5161, 7463, and 10,537 respectively. The earliest year referred to in the published table is 1856. In that year 2149 patients were received ; in 1871 the number was 12,002, the population having increased 12 per cent., but the patients 450 per cent." The number of patients "under treatment in 1836 at all the hospitals and dispensaries in Manchester and Salford was 34,835. The population of Manchester and Salford and the suburbs in 1831 was 261,584, and in 1841, 339,734. Assuming the rate of increase to have been uniform during the intervening ten years, the population in 1836 was 300,600. In that year, therefore, one person in every eight and a-half was in receipt of charitable medical relief. Making the calculation in the same way—viz., on the basis of the published reports, we have in 1872 one in every four and a-half in receipt of charitable relief. No doubt, the increased supply of charitable medical institutions has increased the demand for their assistance ; yet the fact remains the same, that the proportion of the population which, by applying for medical charity, confesses its inability to make suitable provision for a time of sickness has almost doubled within the last ten years."

Statistical facts respecting the whole administration of medical relief, other than that in the shape of private practice, in a town like Manchester are much more easily obtained than they could be in respect to the whole administration of medical relief afforded in the metropolis, and Dr. O'Hanlon has furnished a very instructive analysis of those facts as they present themselves in Manchester. He gives valid reasons for assuming that in Manchester and Salford there are from 20,000 to 22,000 paupers,

and that about "40,000 working men are attended solely by their own club-doctors in time of sickness." He estimates, moreover, the number of "the middle and upper working classes who, in all cases, pay the ordinary medical fees," to be about 120,000. "Deducting these," he remarks, "along with the members of the friendly societies and the paupers—or say a total of 180,000—from the whole population, we find that the 95,000 patients treated by the various hospitals and dispensaries are derived from the remaining 330,000, and bear the proportion of one to every three and a-half. Whilst then, there are at the bottom of the social scale at least 20,000 paupers, there is immediately above these a stratum of 330,000 persons, in which one in every three and a-half is either unable or unwilling to make any provision for a time of sickness." In this estimate the paupers, the "working-men who are attended solely by their own club-doctors in time of sickness," and "the middle and upper working-classes who in all cases pay the ordinary medical fees," amounting as they do to 180,000, form more than a third of the whole population of Manchester; but let us deduct a third only as representative of the three classes just mentioned from the 3,939,470 of the metropolitan population, and assume that the recipients of medical charity are derived from the remaining two-thirds—viz., 2,626,311, we find that those recipients form nearly 46 per cent. of that number, or nearly one in every two, whereas in Manchester the proportion is only two out of every seven. In both cities these facts present a very serious aspect, but in London they are especially grave.

It is, of course, impossible that the condition of things implied by these statistics can exist without making itself felt by all who concern themselves practically with the administration of the medical charities, even if they have never looked beyond the immediate horizon of their own several and special centres of activity; but when once the subject is forced on their consideration, and their attention is consciously directed to an examination of the character and social position of the applicants for medical charity, they find that that charity is being administered to persons occupying positions in the social scale which become gradually higher as time advances; so high, indeed, that only the repeated observations in different parts of London, and in different provincial towns of men whose veracity is indubitable, constrain us to believe that persons whose incomes enable them to command many luxuries, are in the habit of obtaining all the medical aid they require from an hospital or dispensary. "At a conference on out-patient hospital relief, summoned by the Charity Organization Society, Dr. Meadows stated it to be 'unquestionably the fact that the poor are now being gradually

ousted out of the consulting room by well-to-do persons,' and that he knew 'as a fact that persons in the possession of incomes of 1000*l.* a-year, come as out-patients to receive advice, and that the wives and daughters of men almost as wealthy actually borrow their servants' clothes, in order to apply as out-door patients.'" These must, we presume, be very exceptional cases; but those we are now about to mention are almost as remarkable. A correspondent of the *Medical Times and Gazette* of May 10th, 1873, affirms that the seven following instances of persons who are able to pay for medical attendance, but who have applied for and received out-door gratuitous medical relief, are cases which have occurred in his own practice:—

"(1.) The wife of a gentleman who resides in one of the best houses in a suburb, and has a private income of 800*l.* a-year; (2.) the wife of a gentleman who, besides other means of living, has a salary of 400*l.* a-year; (3.) the daughter of a musical instrument maker, who has two establishments and employs a number of hands; (4.) the wife of a grocer in business; (5.) a lady living on her household property; (6.) a publican doing one of the largest trades, if not the largest trade, in his neighbourhood; (7.) a tradesman just now recovering from an illness, during which he stated that in the event of his death he had his family comfortably provided for."

The chairman of the conference just referred to, W. H. Smith, Esq., M.P., mentioned that some years ago he had taken the trouble to investigate the position of the persons registered as out-patients in one large hospital, and found that "20 per cent. of them 'had given false addresses, so that it was impossible to trace them.'"

In Manchester, Mr. O'Hanlon finds, he says, "that out of 6359 patients admitted in 1871," at the Eye Hospital, "4400 to 4500 were agents, colliers, factory operatives, joiners, moulders, mechanics, &c., and probably, therefore, in receipt of high wages." Dr. Thorburn, of the Southern Hospital [Manchester], a gentleman who has had considerable experience in the management of several of the Manchester hospitals, states, "that out of every 100 patients 10 are paupers, and therefore inadmissible by the rules of all the hospitals, 20 are 'unable to pay,' 50 are 'able to pay by a little effort,' and 20 are 'decidedly able to pay.'" Thus, according to Dr. Thorburn, only one-fifth of these applicants were fit objects for gratuitous medical relief. Mr. O'Hanlon undertook a careful investigation of the position of the patients who applied for medical aid at three of the medical charities at Manchester, and he supplies the following very valuable statement of facts which he elicited. He says:—

"The questions asked were these:—the name of the applicant, address, occupation, wages, number of children, and the amount

of their earnings. This information was obtained, in a more or less imperfect form, from 63 patients at the Infirmary, from 36 at the Hulme Dispensary, and 65 at the Southern Hospital. As these cases were not in any way selected, some idea may be obtained from them of the general character of those who are in the habit of receiving medical charity.

"The following were the weekly family earnings, as given by 144 of the patients; in 16 cases the information on this point is defective, and 3 patients refused to make known their income:—

Under 10*s.*	10*s.* to 15*s.*	15*s.* to 20*s.*	20*s.* to 25*s.*
10	11	25	38

25*s.* to 30*s.*	30*s.* to 35*s.*	35*s.* to 40*s.*	40*s.* to 50*s.*
18	17	12	6

50*s.* to 60*s.*	60*s.* to 65*s.*	91*s.*	Domestic Servants.
2	1	1	3

"The patients, as a rule, were very reluctant to give any information about their earnings. In a large number of cases it is evident they greatly understated them, and in others, those received in a time of sickness were given as normal ones. Joiners were said to be in receipt of 20*s.* a week, colliers 25*s.*, packers 18*s.* and 20*s.*, painters 15*s.*, and compositors 20*s.* Case 1, at the Southern Hospital, said his wages were 20*s.* a week, and the visitor employed to call at his house, found him living in a shop of a weekly rent of 10*s.*, and evidently doing a good trade in glass and earthenware. He had spent 40*l.* in doctors' bills, and was thus driven to apply for gratuitous medical relief. Had he been a member of a provident dispensary, he would have been able to obtain the assistance he required without difficulty or any loss of self-respect. Number 16 said he was a carter, earning 18*s.* per week; upon inquiry he was found to be the owner of a cart and horse, and to rent a shop, for which he paid 6*s.* 6*d.* a week. Number 32 is an engraver, and would rather pay any reasonable sum than be known to have applied at the hospital. Number 36 is a secretary, paying 16*l.* a year for his house, and when the visitor called his wife came to the door in a silk dress. Number 23, at the infirmary, earns 20*s.*, but his children, living at home, earn 71*s.* besides. Number 26 earns 20*s.* weekly, and his children living with him 41*s.* Number 29 earns 25*s.*, and the children 18*s.* 6*d.* Number 36 is a coach-builder, and said we had no right to ask what he earned. Number 53 has 50*s.* coming in weekly. Number 1, at the Hulme Dispensary, has 41*s.* Number 5 earns 30*s.*, and has four children working, but would not tell what their wages are. Number 27 earns 15*s.*, and his children 47*s.*

"One of the rules of the Chorlton Dispensary is this:—that 'those in receipt of more than the following scale of weekly income or earning, shall not be considered proper objects of the charity;' and we must suppose that it was adopted only after careful investigation:—a single woman, 10*s.*; a single man, 12*s.*; a married couple, without children, 16*s.* For every child in the family, an increase of 2*s.* If this rule be acted upon by the Southern Hospital, out of the number of patients by whom the requisite information was given, 30 would have been refused and 23 admitted; but if the occupations of the 23 be taken as affording a clue to their earnings, probably only 11 would have been admitted, and 42 refused. Thus, only 20 per cent. of those 53 patients would have been considered by the committee of the Chorlton Dispensary to be fit objects for charity; and this agrees with the opinion of Dr. Thorburn in his pamphlet, as to the proportion suitable cases bear to the whole number of applicants.

"Out of 33 cases at the Hulme Dispensary, from whom the requisite particulars were obtained, 17 would have been refused and 16 received, but out of these 16 there are 5 or 6 who, on investigation, would in all probability have been found to be inadmissible. Out of the 47 at the infirmary, where the full particulars were given, 31 would have been refused and 16 received; but these numbers would doubtless have been altered to 35 and 12 upon proper inquiry.

"Taking the 144 patients who gave information about their trades, we find that 5 were servants, 6 were seamstresses or charwomen, 11 worked in factories, 38 were labourers, carters, or tailors, 74 were joiners, painters, mechanics, masons, colliers, bricksetters, packers, or shopkeepers, and 10 were clerks and warehousemen.

"In 22 cases from the Southern Hospital, in which the rent paid by the patients was ascertained, 1 paid 2*s.* weekly, 5 paid 3*s.* to 4*s.*, 1 paid 4*s.* to 6*s.* 6*d.*, 8 paid 4*s.* 6*d.* to 6*s.*, 3 paid 6*s.* to 7*s.*, 1 paid 7*s.* to 8*s.*, 1 paid 9*s.* to 10*s.*, and 2 were lodgers."

In the year 1869 an attempt was made to induce the workmen of a large factory in the metropolis to add something from themselves to a subscription of fifteen guineas per annum, already given by their employers, to a neighbouring dispensary; the whole of the letters of admission available for this amount being constantly in use, and many more being required. It was found that a penny a month from little more than half the men usually at work would raise the subscription to forty guineas per annum, which would entitle them, according to the published scale, not only to as many letters as they could require for themselves and their families, but also to a certain number for their friends beside. Notwithstanding these advantages, the subscription was started with considerable difficulty, and the collection of

the pennies became gradually so irregular and unsatisfactory, that at the end of two years and a half it had to be entirely dropped, a small balance of the subscription for 1871-2 still remaining unpaid. It thus appears that *a farthing a week* was considered too heavy a charge for medical advice *and medicine;* not because they were not wanted, for the full complement of "letters" was in constant requisition, nor because a penny a month could not be afforded by each man, for even a labourer at 18*s.* per week could not possibly miss a penny a month, but simply because every trace of the principle of independent self-help had been undermined and abolished by the facility presented to the men of getting what they needed at other people's expense.

Medical pauperism, as we have now described it, certainly prevails in the metropolis and in all the large towns of Great Britain on an immense scale; and the question arises, Does this special kind of pauperism tend to induce complete pauperism on a scale sufficiently large to cause any appreciable rise in the poor-rates? It may perhaps be impossible to present absolutely indisputable proofs that it does, but facts and considerations bearing on the subject compel every one, we believe, who gives due attention to it to conclude that the habit of receiving gratuitous medical relief and that of receiving parish relief stand to each other, in a vast number of instances, in the relation of cause and effect. We believe that many patients visit dispensaries and the out-patient department of hospitals chiefly for the purpose of persuading, if possible, the physicians who prescribe for them to give certificates that they are not in a fit state to work, that they are in urgent need of specially nourishing food, wine, &c., the gift of which they then solicit from the benevolent. We also believe that many make use of their prescription-papers as evidence that they are under medical treatment in order to establish a claim for help of various kinds. Our own experience justifies the expression of this opinion, and Dr. Stewart* expressed himself long ago to the same effect. He says—"My long-cherished and firm persuasion is, that the offer of gratuitous advice and medicine draws to the dispensaries many who are mere candidates for public or private charity. I have been led to this conclusion from having been often asked, in a way that plainly showed it was the main errand, for a certificate of ill health, either couched in general terms or addressed to some benevolent individual; at other times for a few lines to the Board of Guardians; but oftener far for a recommendation to the District Visiting Society."

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* "See his pamphlet mentioned at the head of this Essay."

All physicians and surgeons of dispensaries and of the out-patient departments of hospitals cannot fail to be impressed with the striking change in the demeanour of many patients who have become habitual recipients of medical charity. When they apply for it on the first occasion they evince shame and compunction, apologize for coming to the hospital or dispensary at all, and in some cases, indeed, give satisfactory proofs that they have maintained their independence as long as they could; but when once they have experienced how easy it is to get medical advice and medicine without paying for either, and when they find in the waiting-room many persons whose positions in life are similar to their own, their views respecting medical charity are modified: they begin to think themselves quite proper objects of it, and soon, instead of the hesitating diffidence and apologetic manner which they manifested when applying for gratuitous relief in the first instance, they evince a comfortable self-assurance and consciousness of being entitled to the medical aid they ask for, which could scarcely be more pronounced if they had paid a guinea on the occasion of each visit. It is readily conceivable that they who have become habitual recipients of medical charity, and have thus deadened their feelings of independence, are easily tempted to take the further step of applying for parochial charity also. "The workman," it is said, "has too often learned at the hospital the first lesson of dependence. He begins by taking physic, and then food from charity."* And again, in the report of one of the hospitals occurs the following passage:—"For some years there has been a growing conviction amongst philanthropists that indiscriminate medical charity greatly tends to pauperize classes who would not think of receiving any other form of benevolent assistance, and that, by gradually undermining their independence, it leads them afterwards openly to solicit pecuniary aid." Facts have recently been communicated to us concerning the working of a suburban dispensary which confirm in a very striking manner the truth of the above statements. We are unable to prove that the large amount of pauperism of the City of London is chiefly due to the influence of the medical charities, but the fact is notorious that gratuitous medical relief to an excessive extent and an extraordinary amount of pauperism exist side by side. The medical charities of the City are said to attend to about 300,000 out-patients each year; and though the population of the City, according to the last census, was only 74,732, the cost of the pauper relief within the City amounted, during the parochial year 1871-1872, to 164,063*l.*

* "Reports of the Committee and Sub-Committee appointed to inquire into the subject of Out-patient Hospital Administration in the Metropolis," p. 14.

It is manifest that if medical aid is supplied free of cost to the community, or even to the so-called working-classes only, the employers of labour ought, at any rate, to get it cheaper than they otherwise could do. It is, indeed, well understood by political economists, and was conclusively proved in the Report of the Royal Commission on the Poor Laws in 1834, that the charitable gifts of this and of former ages have the effect of supplementing wages, or, in other words, of lowering them, and thus of benefiting to a corresponding extent the employers of labour —at least, until by competition among themselves, they are induced to transfer the benefit, wholly or in part, to *their* employers, the various sections of the public. Viewing the subject from this point of view our readers will perceive that a large proportion of English workmen accept in the form of medical charity a portion of their wages, the whole of which would otherwise be paid to them in money by those who employ them. Having never been led to look on medical charity in this light, and to understand the real nature of its indirect, but no less indubitable, influence, "men whose ordinary income is two or three pounds a week expect," we are told by competent authorities, "to have letters of recommendation given them to the neighbouring institutions." An employer of several hundred workmen by subscribing with seeming liberality to the hospital nearest to his business-establishment accomplishes two objects, the reflex influence of which on himself is eminently satisfactory: he acquires social importance as a beneficent patron of a charitable institution, and the privilege, possessing substantial value, of giving letters (commonly called "governors' letters") of recommendation which insure to their holders reception in the hospital as soon as there is room, and whatever surgical or medical treatment may be necessary, of the best kind, without charge. A physician having adequate opportunities of knowing the facts stated at a public meeting, in 1873, that the well-known brewers, Messrs. Truman, Hanbury, and Co., subscribe a considerable sum annually to the London Hospital, and thus secure medical and surgical attendance gratuitously for all the men employed in their large establishment, and not only for the men, but for their wives (whom the hospital actually supplies with medical attendance during their confinements!) and families.*

In some cases the head of a factory, besides subscribing to, takes a more active part in the administration of the medical charity in his immediate neighbourhood—becomes, for example, the treasurer and chairman of a dispensary in which all his workmen, who are not so seriously maimed or suffering as to need treatment as in-patients of a hospital, may obtain all the medical

* See Appendix, Note B.

aid they require, either at the dispensary itself, or, if unable to go to it, at their own homes. We do not affirm that, as a matter of fact, a gentleman assuming such a position does so in consequence of having made a deliberate calculation of the benefits, social and pecuniary, which he will derive from the dispensary of which he is the chief official. Nevertheless the arrangement insuring medical treatment to the men whom he employs without costing them anything, works beneficially for him: should they demand an increase of wages to which he may not feel disposed to assent, he is able to point out to them that among the items of their cost of living the doctor's bill, unless in very exceptional cases, does not appear either for the workman himself or for his wife and family. Moreover, as treasurer of the dispensary, to which he sometimes makes pecuniary advances, he occupies a commanding social position, both at the dispensary committee, at which he is chief, and at the annual dispensary dinner, where his praises are often chanted in tones which, to him at least, are sweetest music. But whether or not large employers of labour who contribute to the support of hospitals and dispensaries are conscious of the advantages accruing to themselves from doing so, certain it is that they value and use freely the privilege of giving "governors' letters" to persons in their employ, and thus in effect keep down their nominal wages at a level lower than that to which they would otherwise rise; and it is notorious that in this way many subscribers secure for their domestic servants, for their workmen, and for the wives and families of the latter, an amount of medical aid far greater than could be procured from private practitioners for a sum equal to that of their hospital or dispensary subscriptions.

The employers of labour on a large or small scale are not, indeed, to be blamed for making use of the medical charities in the manner here indicated, for, as a general rule, they are unmistakably invited to do so by the managers of those charities; and the arrangement by which, in return for a subscription of a certain amount, the privilege is obtained of nominating a certain number of patients for treatment at the hospital or dispensary to which the subscription is given assumes the character of a simple matter of business. Many of these charities publish a scale of prices on the payment of which the subscriber is "entitled to recommend" for treatment a number of patients proportionate to the amount paid; and not only are such scales of prices published, but the privileges of recommending or nominating patients are especially adverted to, as inducements to subscribe, in letters canvassing for subscriptions. For example, in a letter we have recently received from one of the hospitals, we are informed that "a subscriber of 1*l.* 1*s.* is entitled to one in-patient letter as well as to five out-patient letters, and so

on in proportion." It is not difficult to understand that patients sent by subscribers to so-called "medical charities" in conformity with these arrangements are scarcely likely to be refused admission whatever may be their circumstances, and however able they may be to pay for the medical aid they may require.

In looking still more closely into this matter, we arrive at the conclusion that the benefit reaped in the first instance by the employers of labour, and ultimately in some degree by the several sections of the public who employ those employers, is conferred chiefly by the members of the professional staffs of the different medical charities—men who are confessedly among the hardest worked of the community, and who are certainly the last whose earnings ought to be lessened in order indirectly to benefit either the employers of labour, or that part of the public from whom they receive their orders. Certainly, if the system continues, we seem likely to reach a state of *medical* communism, at all events; a state in which Physicians, Surgeons, and General Practitioners—their private practice having of necessity come to an end—will be compelled to ask from the Commonwealth the means of existence in the shape of salaries for work the same in kind as that which they have hitherto done for the public for nothing, but on a larger scale. In that case the practice of medicine will become a vast Government-department with its 20,000 or 30,000 officials; and perhaps the devout believers in the perfection of government-agency will hail with enthusiastic satisfaction the prospect of a transformation subjecting the whole profession to the commands of the Medical Department of the Privy Council until a full grown "Secretary of State for the Medical Department" is duly inaugurated and takes his seat as a member of the Cabinet.

We have now demonstrated, we think, that the system of medical charity practised alike in London and in the provinces is characterized by very great and rapidly growing evils, and the question which urgently needs an answer is, Do those evils equal or exceed the good which the system confers? Good and evil are so generally, and so inextricably mixed, and beneficent institutions can be so rarely carried on without producing injurious influences of some kind, that we should not willingly condemn the system in question, simply on the ground that it does harm as well as good: before condemning it we ought to be assured that the evil is greater than the good which it works. The avowed object of medical charity, or its *raison d'être*, is the supply of medical relief to persons urgently needing it, and unable to pay for it. We have shown that a large proportion of those who apply for it are not fit objects of it, and ought not to

receive it, and the question still needing an answer is, Do those persons who are urgently needing such relief and who are unable to pay for it really obtain it in any such measure as fairly to counterbalance the enormous expense, the degradation of large numbers of the community previously independent into recipients of charity, the great extension of pauperism, and the serious loss sustained by the whole medical profession which result from the existing system? We are sorry to be obliged to answer this question in the negative, in so far at least as out-patients are concerned. The crowds of those attending at the hospitals and dispensaries each day, being so great as they are, it is impossible that they can receive such careful attention as is necessary in order to enable the physician or surgeon to prescribe for them with a fair chance of adequately benefiting them.

Believing it expedient to give the poor every possible facility for obtaining medical and surgical relief, the authorities virtually throw open the doors of both hospitals and dispensaries to all comers. It is true that admission to some of these charities is by means of letters of recommendation given by subscribers, but the great majority of patients are received and prescribed for without their claims to gratuitous relief being submitted to scrutiny of any kind. The consequence is the out-patient waiting-rooms of the different institutions, unless exceptionally large and exceptionally well-ventilated, are, as a rule, crowded to excess, and during the summer months almost to suffocation. The so-called 'casualty' patients who attend St. Bartholomew's Hospital are now attended in a new building, consisting of a large well-ventilated room capable of seating about 600 patients, but even this large room is often so overcrowded in summer that the heat and unpleasant atmosphere are much complained of. The three waiting-rooms at the Royal Free Hospital are frequently so much crowded that the patients hang about the yard of the hospital, and though the weather was temperate when we passed through the rooms while the patients were waiting in them, we found the air was sickeningly offensive. The crowding at the Children's Hospital at Great Ormond Street is reported to be such that it has been necessary to prohibit the patients from sitting on the steps of the adjoining houses. At the Metropolitan Free Hospital, during the early part of each week, not only is the waiting-room so densely packed with patients that any one would find it a somewhat difficult task to force a passage through it, but the lobbies and staircases are equally crowded. At this hospital the men are seen before the women, so that many of the latter often wait several hours before reaching the consulting-room.

Considering the average length of time which patients have

to wait before they are prescribed for, and the frequently crowded state as well as the insufficient ventilation of the rooms in which they are pent up meanwhile, we cannot help thinking that many of them, besides losing their time (which in a large proportion of cases is equivalent to losing their wages for the day), experience hygienically more harm than good from their visit to the hospital.

A day's proceedings in the casualty consulting-rooms of St. Bartholomew's Hospital was thus depicted three years and a half ago by the *Lancet* :—"Two of the house physicians attend, one to the males and the other to the females and children, whilst the old cases are generally seen by the physician of the week before. As the requirements of the department must be measured by the heaviest day's work, we may take Tuesday, October 12, 1869, as an example of what is done. On that day one physician was required to see and prescribe for 125 men, and the other physician for 164 women and 62 children. There was also a considerable number of old cases. After some hours of steady work, it was found necessary to hurry over the remainder in order that the house physicians should attend the physicians in the wards. On the morning in question 120 patients were seen and dismissed in an hour and ten minutes, or at the rate of thirty-five seconds each. Who shall say what mistakes are made? None can tell." Since 1869 a slight change has been made in the arrangements of the medical staff occupied in seeing the patients who fill the 'casualty' out-patient room of St. Bartholomew's. The medical officers who now see these patients have been especially appointed for the purpose, and are styled "casualty physicians." These gentlemen either alone, or, on especially busy days, with the aid of the junior assistant physician, see the whole of the "casualty patients," and, while prescribing for the great mass of them, select those whose maladies appear to be decidedly grave or interesting for treatment by one of the "senior assistant physicians," to whose department they are accordingly transferred. In this department the patients are examined and treated more carefully than those in the "casualty" consulting-rooms, and are, moreover, made use of as subjects of study for the pupils, several of whom usually attend the practice of each of the "senior assistant physicians." When visiting, recently, the out-patient consulting-room, we noticed that the number of students present varied from eight to twelve, and that about a dozen patients were admitted into the room together: one of these was being attended by one of the senior assistant physicians, who was surrounded by the students, for whose instruction he made remarks concerning the case; another was being prescribed for at a separate table by, apparently, a senior student; and the

rest of the patients "assisted," as the French say, at the proceedings. The change we have mentioned in the arrangement for the treatment of the great mass of out-patients, who are now treated by the "casualty physicians," is rather one of form than of substance: the inherent evils of the system remain essentially the same as before. The defenders of the present arrangements for the treatment of the out-patients as a whole insist that, as the "casualty physicians" act as filters and thus collect and transfer to the care of the "senior assistant physicians" all really severe cases, the whole body of patients receive good and effective treatment according to their needs. We admit that, given the large crowd of patients received at the hospital each day, and given the present number of physicians who now attend to them, the workers are skilfully organized, and the work is done perhaps in the most effective manner possible. But it is precisely against the admission of this vast crowd that we protest; and so long as its magnitude remains what it is, we protest against the limitation of "assistant" and "casualty" physicians to the insufficient number now employed in ministering to that crowd.

At King's College Hospital, according to a writer in the *Medical Times and Gazette*, the physician and his assistant sit at two small tables two or three feet apart in the out-patients' room, and as many as twenty patients, admitted into the room at the same time, arrange themselves in two groups, one around each table. This picture, with its accessories, which for want of space we abstain from reproducing, assures the spectator that the out-patients at King's College fare much the same as those of St. Bartholomew's.

Despite every argument advanced in favour of the present system, the fact remains, that it is still customary to 'clear off' the great majority of the patients at a rate which, if adopted in the private consulting-rooms of physicians, would, we believe, very much astonish those who go to them; indeed, it not unfrequently happens that 200 patients are seen by one physician in the course of two hours and a half, so that the average length of time given to each patient is forty-five seconds. Referring to the Royal Free Hospital, the *Lancet* states:—"As the times of the physicians' and surgeons' entrance and exit are entered in the porter's book, we are enabled to note exactly the time spent by them in the performance of their duty. Thus Mr. Hill saw 208 patients, and was present in the hospital four hours and ten minutes. Supposing the whole of this time to have been occupied in seeing out-patients, he would have given on an average seventy seconds to each patient. On the same day Dr. O'Connor saw 318 patients in three hours and twenty minutes, or at the rate of thirty-seven seconds each. On another day in the same

week Mr. Hill saw 240 patients in two hours and fifty minutes; and Dr. O'Connor 276 in three hours and forty minutes. Mr. de Meric saw 135 patients in three hours, and Dr. Cockle 150 patients in three hours and ten minutes." This passage was written in 1869, but it is an accurate representation of the facts of to-day. For example, Dr. O'Connor now sees, on an average, 275 out-patients twice a week—namely, on Wednesdays and Saturdays, and he occupies about three hours and a half on an average each time in seeing the whole 275, or about forty-six seconds in hearing the complaints of and in prescribing for each patient. We have not informed ourselves concerning the ordinary rate at which out-patients are now seen at St. Thomas's Hospital, but when this charity was carried on at the Surrey Gardens the whole of the duty of prescribing for the medical part of the 'out-patients,' as distinguished from the 'casualty patients,' devolved on one man—Dr. Clapton—who had no assistance whatever. He attended four days in every week, and had sole charge of about 5000 patients every year. At the Metropolitan Free Hospital, which passes through its portals about 30,000 patients a year, the system familiarly spoken of to each other by hospital physicians as that of 'clearing off' or 'knocking off' the patients is thoroughly exemplified. The number of new patients in proportion to the number of old ones is probably greater at this hospital than at any other in London; and inasmuch as the new ones claim the physician's attention considerably longer, as a rule, than the old ones do, it must be admitted that the average rate at which the old and new, counted together, are seen and prescribed for—namely, about one per minute, proves that this hospital is quite worthy to take rank with St. Bartholomew's and the Royal Free in respect to the rapidity with which its patients are disposed of.

We venture to think that our readers will conclude from the facts we now lay before them that the system in question has not even the justification of achieving what its designers and supporters intend and believe it to achieve—namely, the efficient medical relief of those members of the lower classes who are at the same time both diseased and destitute. To such sufferers the proffer of the sort of help above described is little better than grim mockery. Mr. Holmes, whose long experience at St. George's Hospital adds great weight to his opinion, may well say, as he does, "Very much of the assistance given is merely nominal," and is both "a deception on the public and a fraud upon the poor." Referring to St. Bartholomew's Hospital, the *Lancet* says: "This superb hospital opens its capacious doors freely and widely, and by the reputation of its staff attracts the poor, invites their confidence, and excites their hopes of cure; but they are dismissed as if the main object

were to get rid of a set of troublesome customers rather than to cure their ailments. The whole proceeding is unworthy of the place." A physician of another of the London hospitals recently said to us, "We are all disgusted with the system; it is worse than absurd; it is a living lie from one year's end to another. But we are powerless; if we attempt reform we encounter the worst kind of opposition, and our position as medical officers is likely to be rendered so thoroughly uncomfortable as to be practically untenable."

Considering the numerous and great evils of the system of medical charity we have now described, as well as its signal and acknowledged failure, considering also its enormous cost—between five and six hundred thousand pounds a year, exclusive of the value of the lands and buildings occupied in working it, and inclusive of them between eight and nine hundred thousand pounds a year in London alone, the reader can scarcely fail to ask, How comes it that such a system continues to obtain every year even more than the immense sum which is necessary to maintain it? The charity-giving public, which it is to be presumed is solely intent on lessening suffering, cannot be supposed to be the willing agent in developing and supporting an organization which, while exerting an indisputably baneful influence on large classes of the community fails in great measure to accomplish the special object for which it is designed; the general public in so far as it possesses real knowledge of the subject is interested to discourage rather than support a system which works more evil than good, and which tends, by multiplying the number of those who constitute the idle and dependent classes, to increase the amount of the poor rates; and, though certain members of the medical profession may find that their active promotion of medical charity as now carried on may conduce to their own personal advancement, the great body of medical men suffer so seriously from the effects of the system in question that it is not likely to receive any aid from them—indeed, they are fully aware of the great injury which it does them, and many of them denounce it as their greatest enemy.

The fact is, each hospital and dispensary may be correctly likened to a living organism, the growth of which is proportionate to the amount of food it obtains, and which as it grows has a larger bulk and greater energies to sustain, and therefore a correspondingly increasing appetite. Hospital chair men and treasurers, hospital committees, and hospital secretaries—and in like manner all dispensary officials—believe in the vast importance of their mission, and in the necessity, therefore, of extending the sphere of their activity as far as possible. Being themselves convinced of the greatness,

if not sacredness, of the cause they represent, they possess the chief requisite for success in labouring to convert others to their own faith. Moreover they are equipped with the incalculably great power of being able to appeal not merely to the benevolent feelings, but to the "eternal interests" of a people, whose religion teaches with the sanction of Divine authority, "He that giveth to the poor lendeth to the Lord." A large body of men, and of women too, thus inspired and thus armed, who work without ceasing for the development and enlargement of their respective establishments, and especially for the augmentation of their incomes, which are at once the source and measure of their power and influence as hospital officials, can scarcely fail to animate society at large with their own spirit, and thus insure its zealous co-operation in providing for the needs of the ever-increasing crowd of the "medically destitute." Our readers will easily understand, that to those persons who eagerly engage in such work, *hospitalism*, as we venture to call it, becomes a sort of religion. Just as to an enthusiastic Roman Catholic or English Protestant the colossal figure of the Church to which he is devoted eclipses the object for the achievement of which it was organized, and, causing him ultimately to lose sight of that object, converts him into a slavish devotee of the organization itself, so hospital and dispensary officials are wont to forget that the promotion of the welfare of humanity is the sole *raison d'être* of charitable institutions of every kind, and—instead of learning by experience and observation whether the effects of medical charity, indiscriminately administered on the vast scale it has now attained, are or are not really beneficent—they blindly dedicate their energies to the development, extension, and strengthening of the institutions with which they are severally connected. Hence the eagerness with which subscriptions are constantly asked for, and especially the unremitting efforts to accumulate a capital, the interest of which may alone suffice to support the institution on behalf of which those efforts are made, so that it may acquire an independent existence, and its officials may be enabled to direct and control it from within, without reference to those who contributed the funds for its formation.

The multiplication of medical charities is rarely effected by means of offshoots, but, as a general rule, is a phenomenon of "spontaneous generation." All the wisest, that is to say, of course, the most conservative, physiologists doubt the occurrence of this phenomenon; but sociologists, even the wisest of them, often mention it as a fact quite familiar to them. The process of spontaneous generation, by which medical charities are produced, may be said to present a threefold form. 1st. There is the simple or homogeneous type,

in which, born of pure compassion for suffering humanity, the idea of beginning a dispensary or small hospital in a neighbourhood, the poor of which are thought to be medically destitute, is simultaneously developed in the minds of a few philanthropic laymen, and of two or three medical men. Co-operating to achieve this object, they quickly embody their idea, give it a local habitation and a name, and then appeal to the benevolent public for its sustenance, and seldom, indeed, do they appeal in vain. This simple type, originated by noble motives, and presenting the co-ordinate and harmonious working of the lay and professional element, is admirable so long as it lasts, but unfortunately it rarely preserves its characteristic features beyond the lifetime of its founders. 2nd. A wealthy man or woman, animated perhaps by genuine philanthropy, perhaps by a desire to make atonement for "sin," or perhaps by a longing only for worldly distinction either during life or after it, provides funds to found an hospital. In any case the property is almost certain to be vested in the hands of laymen, and the chief manager of it, whether under the name of governor, treasurer, or secretary, most generally assumes despotic authority. 3rd. A considerable number of hospitals are founded for the treatment of special diseases, by physicians and surgeons mainly intent on exemplifying their special knowledge of and special skill in the treatment of those diseases, and thus of insuring their own professional advancement. But in whatever way hospitals originate—whether from selfish or disinterested motives in their founders—they are sure, sooner or later, to exemplify the same principles and methods of growth and extension which we have shown to be generally characteristic of hospitals established by voluntary agency.

We do not hesitate to affirm that, as a general rule, the establishment of an hospital in any given district multiplies indefinitely in that district the demand for the gratuitous medical aid which hospitals afford, and that the proportion of the population of that district which consents to compromise its independence by accepting medical attendance and medicines without paying for them—in other words, to become medical paupers—continuously increases ; on the other hand, the greater and more rapid that increase, the louder and more urgent become the cries for more funds in order to meet the increasing demands for the charity administered. And thus the evil proceeds in an ever-widening circle—action and reaction developing the social malady to the gigantic proportions it has now attained. In short, given the origination and enlargement of hospitals and dispensaries from the motives and by the organizations and methods which obtain in this metropolis, and any man possessing these data

and capable of reasoning logically can easily foretell the inevitably continuous increase on an immense scale of the numbers of those who become dependent on hospitals and dispensaries for all the medical aid they require. But while reasoning *à priori* on the data just named enables us to prophesy that great and continuous increase, the fact itself is indisputably demonstrated by experience ranging over many years; and, if we look for it, evidence of its truth may be found in every town in which an hospital or dispensary granting gratuitous medical relief has been established. Moreover, the magnitude of the increase is so astonishingly great as to cause very serious apprehension in the minds of all who duly consider how baneful are its influences on the economical, social, and moral conditions of millions of the British people.

We have often heard it asserted that the hospitals and dispensaries which are chiefly supported by voluntary contribntions are in a state of chronic bankruptcy, and we have been asked whether such is not the case. Certainly, if we were to infer their pecuniary condition from the character of their ever recurring appeals in the daily journals for help, we should be constrained to believe that many of them are either approaching, or are actually entering on, the stage of dissolution. But these appeals, so affecting when listened to by the charitable public, have a very different significance to those who interpret them by the light of the facts which a study of the growth and pecuniary management of hospitals reveals. Feeling deeply interested in the whole subject of medical charity, we have long watched carefully in expectation of the demise of first one and then another of those hospitals, which, judging from their cries for help, seemed to be struggling for existence most desperately; but to our surprise the death of each of them was always seemingly postponed *sine die*, and, at length, by a careful examination of their balance-sheets, we have arrived at the conclusion that it is precisely those which cry out most piteously and most frequently that are really in the most flourishing condition. Taking up a few of the reports for 1872 which first present themselves to our hands, let us see what is the income and what the expenditure of the hospitals to which those reports severally refer.

The most usual phrase by which the public is appealed to is, "Funds are most urgently needed." The Royal Hospital for Diseases of the Chest, City Road, thus advertises for further help. Now, according to its balance-sheet for 1872, its income that year was 4045*l.* 19*s.* 4*d.*, and its expenditure was 2805*l.* 9*s.* 2*d.*, so that its clear gain during that single year was 1240*l.* 10*s.* 2*d.*: a new hospital is decided upon, and 1000*l.* is placed to the credit of the building fund.

The Hospital for Consumption and Diseases of the Chest, Brompton, expended during 1872, 14,032*l.*, but its income was 21,861*l.* and thus yielded the satisfactory surplus of 7831*l.* The public is, however, informed that the pressure for admission sadly increases beyond the capabilities of the hospital, that "with the view of extending the operations of the charity, the committee have in addition temporarily fitted up a South Branch;" that "this useful charity is almost entirely dependent on voluntary contributions;" and that subscriptions and donations will be thankfully received.

The National Hospital for Consumption recently established at Ventnor, received during 1872, 9215*l.* 5*s.* 3*d.*, its ordinary expenditure was 3937*l.* 4*s.* 9*d.*, and it cleared during the year 6088*l.* 9*s.* 7*d.*, which it devoted to the extension of its premises.

The income of the Children's Hospital in Great Ormond Street exceeded its expenditure in 1872 by 3296*l.*, and seeing that the invested funds of that hospital were already 19,000*l.*, we presume that it has a handsome surplus every year; but its committee, as we observe in the *Times* of December 1st, 1873, still continues its appeal and "very earnestly solicits contributions."

St. Mary's Hospital received during 1872, 13,576*l.* 10*s.* 7*d.*, and expended for maintenance 9875*l.* 18*s.* 6*d.*, the balance in favour of the hospital being 3700*l.* 15*s.* 1*d.* During the same year, the Charing Cross Hospital also received 1823*l.* more than it expended. King's College Hospital had a surplus of 1326*l.*, and already 20,339*l.* in the shape of invested funds; and the German Hospital had a surplus of 1332*l.* and invested funds to the extent of 33,700*l.*

The London Hospital balance-sheet for 1872 shows a deficit of 11,503*l.*, and it seems that there was a deficit at the end of the preceding year of 3668*l.* The hospital is already immense, containing as it does 600 beds, and it appears at first sight remarkable that in presence of such a deficit the managers should determine on building a new wing to their already large establishment, capable of containing 200 more beds. But the fact is by a special effort made during last year either the whole, or nearly the whole sum of 100,000*l.* was forthwith raised for the purpose of building the new wing and increasing the income of the hospital. It is supposed that the erection of the new wing will not cost more than 25,000*l.*, so that there will be 75,000*l.* which can be used either to endow it or to augment the general resources of the establishment. The funded property and investments, on mortgage, &c., of the hospital now amount to 196,792*l.*; and we understand that in about twenty years hence the hospital will become greatly enriched by the falling in of a large number of valuable leases. The managers can therefore

contemplate with perfect equanimity these temporary deficits, seeing that although a part of their regular income consists of annual donations and subscriptions, the public promptly responded to their special call to contribute 100,000*l.*, and that the time can scarcely be far distant when their fixed income will be so large as to render them either independent or nearly so of further aid from without. Meanwhile we learn from their advertisement in the *Times* that "the demand for admission is continually increasing," and that "contributions are earnestly requested."*

We might show in detail from balance-sheets of many other of the most important hospitals that, as a general rule, their funds are steadily increasing, and that, in fact, the bounty of the public seems to be inexhaustible. In glancing down the columns of the tables given at the beginning of this article, our readers will observe that, as a general rule, the income of each hospital and dispensary is stated, but that in many cases no information concerning expenditure is given. Still the expenditure of 50 hospitals is mentioned. In 43 cases out of the 50 the income exceeded the expenditure, and in the remaining 7 cases the expenditure appears to have exceeded the income. In the latter cases the aggregate expenditure was 56,723*l.*, while the aggregate income was only 41,361*l.*, so that there was an aggregate deficit sustained by these 7 hospitals of 15,362*l.* Nearly the whole of this deficit was sustained by two hospitals only—the "London" and the Seamen's Hospital; the deficit of the former being 11,503*l.*, and of the latter 2652*l.* There was therefore an aggregate deficit of only 1207*l.* to be borne by the other 5 hospitals whose expenditure exceeded their income. What is the significance, from our present point of view, of the deficit apparent in the balance-sheet of the London Hospital has already been explained. On the other hand, the aggregate income of the 43 hospitals the incomes of which exceeded their expenditure was 261,944*l.*, and their aggregate expenditure was 169,947*l.*—the excess of the income over the expenditure being 91,997*l.* Moreover, the aggregate income of the hospitals the expenditure of which is not stated was 198,798*l.* Now, if the income in these cases exceeded the expenditure in anything like the same proportion as that in which the income exceeded the expenditure in the cases of the 43 hospitals previously mentioned, the total excess must be indeed enormous. The outlay in advertising must be admitted to be well spent.

It will have been observed, probably, that throughout the preceding pages we have spoken of the income and expenditure of the hospitals supported by voluntary contributions as one and the same, although the difference between them from a certain point

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* See Appendix, Note C.

of view is so great as we have just shown it to be. We have done so because, though the *ordinary* expenditure, as stated, is much below the income, yet the *extra-ordinary* expenditure, in a considerable proportion of cases, absorbs the whole income of the year: as the influx of patients continually increases it becomes necessary from time to time to enlarge the hospital or to build a new one, and sometimes in the course of these operations debts are contracted which are liquidated year by year from the surpluses in question. Or, on the other hand, they are accumulated as a building-fund to be afterwards appropriated. We fully bear in mind that a portion of the excess is saved and held as "Invested Funds;" but as the interest derived from these funds lessens in no degree the alleged need of further supplies and the urgency of the claims on the charity-giving public to give ever more and more, the practical result is, that all which is annually contributed is annually disposed of; and, as we have already said, the appetite for more increases in proportion as the supplies themselves increase.

Though in order to present a comprehensive view of the medical charity of the metropolis, we have included in that view the asylums for lunatics and idiots, a discussion of matters connected with those asylums scarcely enters into the plan of the present essay, the more especially as the county asylums, and those under the control of the Metropolitan Asylum Board, are, in our opinion, both very efficiently and very economically conducted, and as of all forms of human suffering none possesses a claim at once so imperative and so indubitable on our compassion and on our help as that of mental alienation and infirmity, these asylums, if ably and economically conducted, may be justly regarded as being at once the most absolutely necessary, and of all forms of medical charity, those which offer the least temptation to abuse. But one of these institutions—the one which is mainly supported by voluntary subscriptions, the givers of which neglect to supervize their application—viz., the Asylum for Idiots at Earlswood, claims from us a few remarks, because it illustrates in a striking manner the method of growth characteristic of voluntarily supported medical charities, the consequences of irresponsibility on the part of its managers, and the significance of the advertisement-appeals just referred to. This magnificent asylum was opened for the reception of patients in 1855. According to the Report of the institution, published in March, 1873, the income for 1872 was 28,555*l.*, which was only 1697*l.* in excess of the expenditure. But we observe among the charges, 1454*l.* 6*s.* 7*d.* for "Furniture (wear and tear);" 11*l.* 13*s.* for "Furniture, Office (wear and tear);" 386*l.* 13*s.* for "Plant and Machinery (written off);" and 500*l.* for "Building

Depreciation (written off)." These four charges for "wear and tear," and "building depreciation," during one year, amount to the enormous sum of 2352*l.* 12*s.* 7*d.* Now is it credible that this large amount is fairly chargeable for "wear and tear" and "depreciation" during only one year of an establishment built and furnished only nineteen years previously, and ever since maintained in perfect condition, regardless of expense? It seems to us, that on the debit side of the account of such an establishment, the charges for "wear and tear" ought to be those only of the moneys actually expended during the year to which the account refers; and that all additions of substantial furniture should be regarded as capital, and treated as such. We have the best of reasons for stating, that the greater part of the land, 170 acres, now belonging to the Asylum, was bought under peculiarly favourable circumstances, that it would now sell for very much more than was given for it on behalf of the Asylum, and that it continues to rise in value. Moreover, the palace-like Asylum itself was built during a period of depression in the building trade, and cost about 40 per cent. less than it would cost now. Under these circumstances, a statement of the sum which the land, buildings, machinery, furniture, &c., actually cost in the aggregate, is obviously an under-statement, and therefore a misstatement, of their present value; and we have very good authority for saying, that the gradual increase in their value more than compensates for any depreciation in the worth of the furniture, machinery-plant, &c., by "wear and tear." Now the account as rendered shows a surplus of income over expenditure of 1697*l.* But if we add to this sum the aggregate of the sums charged on account of "depreciation" and "wear and tear"—viz., 2352*l.*, we find that the real surplus last year was 4049*l.*, which, added to what was stated to be the capital at the end of 1871—viz., 96,138*l.*, would make the present capital 100,187*l.* But during the nineteen years which, at the time we write (1873), have elapsed since the Asylum was opened, the practice of writing off a large sum yearly on account of "depreciation" and "wear and tear" has, we believe, been persisted in, although, as we have shown, the land purchased has steadily increased in value, and the land and buildings together would now sell for more than they cost. This being the case, it is manifest that to arrive at a really accurate estimate of the capital now belonging to the Asylum, we must learn what is the aggregate of the sums which have been written off each year during the past nineteen years, and must add that total amount to the 100,157*l.* already mentioned. Not having the accounts for those years before us, we can only conjecture what that total amount may be, and we

believe we shall be within the mark if we state it to be 20,000*l.* If it is, then the actual capital now belonging to the Asylum is at all events 120,000*l.*

We must now add that this large capital would have been very much larger even than it is if during recent years the establishment had been conducted with any reasonable regard to economy. In 1865 the total annual outlay was a sum which if divided by the total number of patients then in the asylum gave 12*s.* 4*d.* as the weekly cost per head of the whole of them. In 1869 the weekly cost per head had risen to 16*s.* 11½*d.* And lest that enormous increase should be to any extent ascribed to an increase in the cost of food of late years, we must state that the food supplied cost a farthing less weekly per head in 1869 than it cost in 1865. Each year since there has been an increasing expenditure. During last year the average number of patients was 533, and the expenditure, including the charges for "wear and tear" and "building depreciation," was 26,857*l.* 13*s.* 2*d.* If we divide this sum by the number of inmates, we find that each of them cost last year 50*l.* 7*s.* 9½*d.*, or at the rate of 19*s.* 4¼*d.* a week! If those charges are not considered as a part of the expenditure, each inmate then cost 45*l.* 19*s.* 6¼*d.* during the year, or at the rate of 17*s.* 8*d.* a week. Moreover, it must be borne in mind that although each inmate cost that large sum, he lives rent free. Among the items of expenditure no charge for rent occurs; but if such a charge were made at the rate of say 3 per cent. on only 100,000*l.*, that sum would be equal to 2*s.* 2*d.* per head, and that sum added to the lowest of the two weekly sums already stated would make the weekly cost of each idiot last year 19*s.* 10*d.* But leaving this item of rent out of the account, let us glance for a moment at the annual extravagance now going on at Earlswood. The increase in the weekly cost of each idiot in 1872 beyond what each cost in 1865 is 5*s.* 4*d.*, even if the charges for "building depreciation" and "wear and tear" be excluded from the account of expenditure in 1872. If we multiply this sum by 533, the average number of inmates in 1872, we find that the weekly increase of cost is 142*l.* 2*s.* 8*d.*; and again, if we multiply this by 52, we find the yearly increase of cost to be the enormous sum of 7390*l.* 18*s.* 8*d.* Or, in other words, if the establishment were only conducted as economically as it was in 1865 there would be an addition to the yearly surplus of that large amount. Moreover, the number of inmates of the asylum was about 140 more in 1872 than it was in 1865, and there can be no doubt but that in such an establishment the cost per head might easily be considerably lower when the number of inmates is 553, than it could be when the number was only 412, the

average for 1865. An additional proof of the extravagance in question rests in the fact that in certain other well-conducted asylums the weekly cost of the inmates per head is considerably less than it was in Earlswood, even in 1865. We have already stated that the inmates of the asylum at Fisherton cost 11*s.* a week each; that those of the Caterham Asylum, which contains 1800 patients, cost only 7*s.* 7*d.*, and that those of the Leavesden Asylum cost only 7*s.* a week. If in the face of these facts it pleases the supporters of Earlswood to continue lavishing on each idiot there 17*s.* 8*d.* a week, exclusive of rent for him, or 19*s.* 10*d.*, including it, there are, we believe, no means of preventing them from doing so, and we can only regard their costly indulgence as a form of mental eccentricity, the more deplorable because probably it is neither curable nor capable of being subjected to any effective control. The truth is Earlswood is a sort of high-class boarding-house for the very minute proportion of its patients whose friends pay for them handsomely, and the style and order of the establishment are kept up conformably to that idea, instead of on a scale befitting an institution which mainly depends for its support on public charity. It is clear from the facts we have adduced that, with its present income, Earlswood could amply provide for a much larger number of idiots than it receives at present, but in accordance with the principles which, as we have pointed out, determine the development of medical charities, the managers of Earlswood, perverted by the enthusiasm of "hospitalism," think more of the institution itself than of the object for which it was founded; we have visited it, and thoroughly endorse the observation of a writer in the *Athenæum* for 9th of August, 1873, who says:—"It is impossible not to notice that it is the building which visitors are expected to admire—the building, with all its magnificent fixtures and fittings, and that in Earlswood's theory of its own existence the patients exist for the glory of the Asylum, rather than the Asylum for the good of the patients."

The following are the terms in which this magnificent and already wealthy charity, which has lately become so prodigal as we have shown it to be of its immense resources, appeals in the *Times* systematically for further help:—"The Board earnestly solicit additional CONTRIBUTIONS to meet present expenses and to provide for the contemplated increase. This institution derives no benefit from the Hospital Sunday Fund."

In connexion with the system of advertising for funds, we may mention that it has long been the practice of what *The British Medical Journal* appropriately calls "the advertising hospitals," to publish in the newspapers the number of *attendances*, which means the number of times which patients have attended at any

given hospital within a certain period. If on an average each patient attends three times the proportion of attendances to patients is of course as 3 to 1. Very often the proportion is much greater. Now the general public knows nothing of the difference between *attendances* and *patients*, and the imposing array of figures representing *attendances* seemingly magnify enormously the amount of medical relief administered, and do in fact impose on the credulity of the public, to which urgent appeals for funds are, as we have seen, continuously made. The attention which has of late been directed to hospital administration by the Charity Organization Society, and by the Hospital Out-patient Reform Association, has already produced one beneficial effect—viz., that of causing the advertising hospitals to withdraw to a great extent at least those misleading announcements of *attendances*. But the practice still lingers and would, we believe, revive in full force were it not for the restraining and wholesome influence of dawning public opinion on the subject.

We shall hereafter describe and discuss the various plans which have been suggested as means of remedying the grave abuses of voluntary medical charity which we have now exposed. But no remedy, however efficacious, can be applied until the public has been thoroughly imbued with a knowledge of those abuses, and thus induced to resolve that they shall be abolished; and, unfortunately, powerful interests intervene to prevent the public from obtaining that knowledge. The physicians and surgeons who have the fullest information on the subject—viz., those who are officially connected with the several hospitals and dispensaries, are precisely those whose professional interests are best promoted by maintaining a "discreet silence." And if any of them should, within the walls of the hospital attempt a reform of the abuses which he encounters, he does so at his peril. What his fate is likely to be is sufficiently indicated by the treatment of Dr. Mayo, who was dismissed from St. Bartholomew's hospital in 1869. "Expecting to have in the casualty out-patient room and wards of the hospital exceptionally good opportunities of extending his experience, Dr. Mayo purchased the post of house-physician; but no sooner was he installed than he found he was expected to see, in the course of a morning, as many as from 300 to 400 casualty patients, besides having to go the rounds of his wards, and he was not long in coming to the conclusion that to prescribe for new patients at the rate of one hundred per hour, or forty seconds a-head, was unprofitable for himself, dangerous for them, and altogether a shameful farce. He refused to see more than fifty new cases, and was in con-

sequence dismissed from his office by the unanimous vote of the governors of the hospital.

"The senior students of the hospital, however, took the matter up, and, in a crowded meeting, passed resolutions of sympathy with Dr. Mayo, and also one to the following effect:—

"That this meeting believes that the defects in the present administration of St. Bartholomew's Hospital call for Parliamentary inquiry, and permanent Government supervision, in the interests of the public."*

It will probably be admitted that these brave "senior students of the hospital" had the best possible means of judging of the reality of the abuses which exist in it, and that they were wholly justified in believing that the defects in the present administration of that hospital "call for Parliamentary inquiry, and permanent Government supervision, in the interest of the public;" but neither their expression of opinion, based on ample observations, concerning the maladministration of the hospital, nor their expression of sympathy with the victim to the conservators of notorious abuses, availed to re-instate Dr. Mayo in the position from which he had been expelled, and his fate constitutes an impressive warning to all officially connected with St. Bartholomew's of the penalty to be exacted from any one who may be rash enough to attempt even the smallest instalment of reform of the existing system.

The Metropolitan Free Hospital vigorously enforces, it seems, what has been happily termed by Mr. Jodrell, "obsequious mutism" from its professional staff. We have been informed that several of its physicians have at different periods attempted to effect improvements in the administration, chiefly in respect to the treatment of out-patients, and that each attempt has been stifled by a request conveyed to the innovator for his resignation; and though in some of these cases, if not in all, the request was not complied with it was none the less effective in deterring each member of the professional staff from introducing any improvement in the management of the hospital—a management wholly in the hands of a small and irresponsible committee of laymen, the chief of whom are its chairman, Mr. Joseph Fry, and its secretary, Mr. George Croxton. But one of the physicians of this hospital, the present writer, finding how unavailing were the efforts of any of its medical staff to effect even the smallest measure of improvement from within, felt the strong necessity, on public grounds, of calling public attention to the gross abuses of the out-patient system as exemplified in the

* See article in *Public Health*, No. 3, vol. i., "On Hospital Reform, in Connexion with the Out-patient Department." By H. Nelson Hardy F.R.C.S. Ed.

London hospitals generally, and therefore in the "Metropolitan Free" as one of them, and yielding to his sense of duty, encountered the same fate as that which had previously befallen Dr. Mayo. The story of the disgraceful conduct in this affair of the managers of the Metropolitan Free Hospital has been concisely told by one of its governors, and one who has taken a leading part in the movement for hospital reform generally, Mr. T. J. P. Jodrell. Availing ourselves of his letters, published in the *Pall Mall Gazette*, as well as of other sources of information, we present to our readers the following brief statement of the facts of the matter.

In the *Pall Mall Gazette* of the 4th of June, 1873, there appeared what Mr. Jodrell designates "a temperately written article" on "The Treatment of Out-patients at the London Hospitals and Dispensaries." In that article a description was given of the crowded state of the Out-patients' waiting-rooms of the London hospitals; and St. Bartholomew's Hospital, the Royal Free Hospital, the Children's Hospital in Great Ormond Street, as well as the Metropolitan Free Hospital, were especially adverted to. Shortly after the publication of the article the physicians and surgeons of the Metropolitan Free Hospital were summoned to meet the Managing Committee, nominally to confer on the general interests of the hospital, but mainly in consequence of the appearance of that article. Of the members of the medical staff who obeyed the summons, the only three who could be reasonably suspected of having written the article—viz., Dr. Fotherby, Dr. Drysdale, and the present writer—were successively interrogated respecting its authorship. Dr. Fotherby was asked if he knew who had written the article and answered, "No, I do not." Dr. Drysdale was asked if he had written it and answered, "No." He was then asked if he knew who had written it, and again he answered in the negative. The present writer entered the room after Drs. Fotherby and Drysdale had already been questioned, and was immediately asked if he wrote the article. After protesting against the propriety of the question, but finding it useless under the circumstances to insist on his privilege of silence respecting the authorship of an anonymous article, he avowed that he was the author.

"The general committee, it seems, were not satisfied with this humiliation of their medical staff, for their next step was to get them to pass a vote of censure on their offending brother. For that purpose a meeting was summoned of the medical committee, at which a resolution was come to 'expressive of the deep regret of that committee that an article calculated to do such serious injury to the hospital in the opinion of the charitable public

should have emanated from one of their colleagues, and their great surprise that he should deem it consistent with the feeling of honour to continue to hold the appointment of assistant-physician to a public charity which he deliberately and anonymously in the public press disparages.' It is a significant circumstance that though the medical committee comprises the whole medical staff of eleven members, five only were present on this occasion, the three surgeons, and the two other assistant-physicians, one of whom only, with the three surgeons, signed the resolution, and he, Dr. McNalty, a very young man, not yet admitted a member of the College of Physicians. The three principal physicians were conspicuously absent. Yet on the authority of this resolution alone the general committee founded its mandate to Dr. Chapman to resign his office, and on his refusal to do so, dismissed him.

"It will be observed that the resolution does not impute to Dr. Chapman any falsification of fact; nor was this possible; for not only were the facts to which his comments referred indisputably true, as I can myself testify from having paid a personal visit to the hospital at the hour when the patients were there, but they were facts which must have been as well known to the general committee and to every member of the establishment as to Dr. Chapman himself. His offence was not that he had published what was untrue, but that by an article in the daily press he had directed public attention to matters which men in general would regard as abuses, but in which the general committee, though equally cognizant of them, by a strange obliquity of judgment could see no abuse at all; for in their last annual report, published a few months before, after noticing that much had been said and written on the subject of hospital out-patient reform, they undertake 'to assure the governors that the abuses complained of have no existence in this hospital.' There is nothing in all this to surprise any one who considers what the constitution of the governing body of this and most other London hospitals really is. Whatever they may be in theory, they are substantially and in practice close corporations with all the instincts well known to belong to such bodies—idolatry of old traditions, repugnance to all change, insensibility to public opinion out of doors, and extreme jealousy of any appeal to it. * * * * With respect to the article in question, I am told that three of the most eminent men in the profession, whose names I only forbear to mention because I have not the honour of being personally acquainted with them, have expressed the opinion, in which I cordially concur, that there is nothing in the article itself which a medical officer of any of the hospitals mentioned in it might not with propriety have written. To have thrown away

the services of such a man for such a cause is to proclaim the gagging system in its most absolute and obnoxious form. Let the public and the profession be upon their guard. If benevolent people are too busy or too indolent to exercise personal control over the institutions which they support, they are only the more interested in keeping open every channel by which the truth can reach them."*

We observe that the medical journals have expressed themselves in terms of indignant reprobation, both of the conduct of the managing committee, and of the four members of the professional staff who degraded themselves by passing the "vote of censure" which the managing committee needed as their pretext for the action they were intent upon.

"If," says the *Medical Times and Gazette*, "the resolution [of those members] was intended to obtain the favour of the General Committee or of any of its members, all we can say is, that the procedure was simply pitiable. . . . If honorary medical officers to medical charities are to be subjected to the treatment which Dr. Chapman has suffered, the public will certainly be the losers, for there will very soon be no medical charities. But we hold that the precedent is a most dangerous one, and should arouse the indignation of the whole profession. . . . We only hope that the subscribers to the hospital will convene a meeting to express their opinion of this unprecedented piece of petty tyranny."

"The treatment of Dr. Chapman," says the *Lancet*, "by the committee of the Metropolitan Free Hospital is a severe satire upon the name of that institution;" and it asks, "why were not all the members of the medical staff present," when the medical committee passed its vote of censure, in order "to vindicate the liberty of medical men to speak the truth and to help to make institutions what they pretend to be? We are still not without hope of the Metropolitan Free Hospital. There is a body of governors who may yet vindicate the name and fame of the institution which is sadly lowered by the incident upon which we comment."

"Five out of eleven medical officers agree," observes the *Medical Press and Circular*, "to a resolution condemning the conduct of one of their colleagues—outside the hospital. Where are the other six? Their wisest course would be at once to issue a repudiation of the judgment of the other five. . . . An appeal to the governors at large should be made, and if the power of the press should not suffice to kindle interest enough to replace the clique that has too long ruled the Metropolitan Free Hospital by a committee of independent gentlemen, then farewell to all hope of hospital reform."

Mr. Jodrell has expressed his belief that "in the particular

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* *Pall Mall Gazette*, Nov. 12, 1873: Letter by T. J. P. Jodrell.

abuse of authority" in question, the Metropolitan Free Hospital "stands quite alone;" but our readers have seen that that hospital had a precedent for its abuse of authority in the conduct of St. Bartholomew's described above. St. Bartholomew's by virtue of its enormous endowment is placed for the present, at least, beyond the reach of any influence which can be exerted by public opinion; and many years will probably elapse before that opinion will compel Parliament to institute a searching investigation into the working and defects of that hospital. But the Metropolitan Free is almost wholly dependent for its existence on the contributions of the charitable public, and as it is to be presumed that they have no wish to sanction the perpetration of gross abuses, as well as of contemptible tyranny, in the persons of its officials, we think it worth while to show that that hospital is urgently needing a sweeping reform in several respects.

Dr. J. Murray, Assistant Physician and Joint Lecturer on Pathology at Middlesex Hospital, whose recent death has elicited a widely and very strongly expressed feeling of professional regret for the loss of one who gave promise of being among the most effective promoters of medical science, visited the Metropolitan Free Hospital in 1868, and published a report of his observations during his visit in *The British Medical Journal* for December 12th of that year. In our account of the hospital we shall avail ourselves freely of Dr. Murray's description, but shall supplement it as we may judge necessary in order that it may be a faithful representation of the institution in 1873.

"The hospital, as it at present stands," in Devonshire Square, Bishopsgate, City, "is composed of two old private houses communicating one with the other, and is an example of that short-sighted and pernicious system, unfortunately too common, which attempts to combine economy with the modern requirements of a hospital. . . . The wards are seven in number, with from two to six beds in each, and containing altogether about twenty-seven beds. . . . Two of the wards are set apart for the sick poor of the Jewish community.

"There are no bath rooms, and only two sitz-baths supplied for the use of the patients." Incredible as it may seem, we believe, nevertheless, that up to the present time no means of giving a patient an ordinary warm bath, in which the whole body can be immersed, exist in the establishment.

"The water-closets are amongst the worst features of the hospital," there are two; they are both dark; and "there is no attempt to obtain ventilation from the external air."

One of the garrets "is used as a lumber and *post-mortem* room. It is needless to remark that this arrangement ought not

to continue a single day longer." It does continue, however, to the present time. "Into this place the bodies are brought up by the porter, with the assistance of the nurse. The floor at our visit was bespattered with blood, as were also two pair of calico-covered steps.

"There is no operating room: the surgeon's out-patient room, or the ward being used for the purpose." The effects of this procedure on the nervous system, and through it on the special maladies of the patients in the adjoining beds, our readers will readily imagine.

"Instruments are certainly not plentiful in the hospital. There are a few catheters, scalpels, tongue depressors, and such like; but otherwise the hospital is badly found in this respect. The surgeons at one time, we believe, were required to bring their own instruments; and we are told this necessity not unfrequently still exists.

"The nursing arrangements are very bad . . . The scrubbing and washing are done chiefly by the nurses; a scrubber and general servant doing the rest. The nurses take their meals in the wards. The under-nurses wear no regular dress, and look most untidy to say the least of it."

"The out-patient department is the leading feature of the institution. . . . . *The out-patient waiting-rooms are totally inadequate for the purpose.* They are confined to the old house, and occupy the ground and first floors . . . . . they are very dirty, *and far too small; the staircase*, which also leads to the wards above, *is equally dirty, and generally crowded with male and female out-patients.*" We beg the reader's special attention to the words of this paragraph, which we have put in italics. They are almost identical in form, and completely so in meaning with those for the use of which the present writer was dismissed from the hospital; and their literal truthfulness is moreover confirmed by Mr. Jodrell, who paid a special visit to the hospital in order to inform himself on the point.

"This hospital," says Dr. Murray, "adopts the system, in its annual reports, of publishing the *attendance only* of patients throughout the year; which may mean anything, and not the number of *new cases alone.* This plan is apt to mislead the public." Since Dr. Murray wrote, even the Metropolitan Free Hospital has been reluctantly constrained to give the number of *new cases* as part of a tabular statement printed along with its "Reports;" but in the Reports themselves it is still the "*attendances* of out-patients" only which are given, and these, the charity-giving public is told, in the Report published in 1873, "reached the unusually large total of 88,749." The new cases are stated to have been during the same year 38,465. But the value of

these figures will be better understood by the reader when he has learnt the meaning of the "marking off" system which is practised at this hospital. In order to lessen somewhat the amount of labour to be got through, a practice is adopted of dismissing many of the new out-patients as soon as they have been prescribed for only once: the physician after writing his prescription places a cross below it: the dispenser after giving the medicine prescribed takes from the patient the prescription paper on which this cross is placed, and the patient is dismissed. If there were no cross in the paper the patient would retain it, and would be admitted for continuance of treatment as an "old patient." Many of the patients who, after having been seen only once, have their prescription papers taken from them, require of course further treatment, and are again admitted, if they apply for it, as many do. But all patients who thus give up their papers, and who, nevertheless, return to the hospital for further treatment are counted as *new patients!* It is manifest that by the practice of this absurd system the number of so-called "new cases" is greatly increased; and therefore that those who put faith in the published statements of the number of "new cases" treated at the Metropolitan Free Hospital are deluded.

In connexion with delusive reports of the number of "new cases," we may mention on the authority of Dr. Murray, another glaring example of the style of advertising adopted by the managers of this hospital. The garret ordinarily used as the *post-mortem* room, "and the two rooms now transformed into a ward for children's diseases, were opened as a cholera ward during the late epidemic in the east of London; and a special sum of money —100*l.*, we believe—was granted to the hospital by the Mansion House Relief Fund, to assist in defraying expenses. Although a number of out-patients were treated for diarrhœa here, as at all hospitals, these wards were, however, on *no occasion* required for cholera patients." But in their annual report the managers published the following remarkable statement:—"The demands on the resources of the hospital during the prevalence of cholera were excessively heavy, and to the prompt assistance rendered in upwards of 5000 cases, may be attributed, in great measure, the almost total absence of fatal cases *within* and around its walls. Through the liberality of the public, your Committee were enabled, at the outbreak of the malady, *to set apart three rooms for the reception of cholera patients, which being no longer required for that purpose,* are being converted and fitted for the special treatment of sick children." (!)

"The financial management of the hospital" seems to have puzzled Dr. Murray a good deal, "because of the loose manner in which the annual reports are prepared;" but at all events he

seems to have grappled effectually with one part of that "management"—viz., the charge for "drugs and dispensary expenses," exclusive of dispensers' salaries, entered in the balance sheet for 1867, of 1795*l.* Dr. Murray discusses this charge at length, compares it with the charge for the like things in several other hospitals, and having regard to the number of patients at those hospitals observes:—"A ratio, more or less constant, is apparent in all similar accounts we have examined of numerous London hospitals—a ratio which is greatly exceeded by the Metropolitan Free Hospital." In proof of the justness of his reasoning, and of the necessity that the supporters of that hospital should look into its accounts, we may mention that when in 1867 the charge for drugs and dispensary expenses, *exclusive* of dispensers' salaries, was, as he says, 1795*l.*, the number of "attendances" of patients was 78,987; and that though the average yearly number during the three years—1870-1-2—was 2445 *more* than in 1867, the average charge during those three years for drugs and dispensary expenses, "*including* salaries of dispenser and assistants," dropped down to 872*l.*, which is 923*l.* a year less than the sum Dr. Murray objected to!

We too are a little puzzled with the "financial management" of the hospital. According to the "Cash Statement" for 1871, the income during that year, together with balance at bankers, was 4039*l.* 13*s.* 6*d.*, the expenditure was 2999*l.* 1*s.* 7*d.*, and the surplus or excess of income over expenditure was 1040*l.* 11*s.* 11*d.* But notwithstanding this surplus a "Loan from Bankers" of 1500*l.* is introduced on the credit side of the account, and on the debit side is introduced this item—"Building Fund 2516*l.* 11*s.* 5*d.*" And then at the foot of the account we are informed that the "Liabilities, Dec. 31st," 1871, were 2063*l.* 7*s.* 6*d.*, and that the "Balance against the Hospital" was 2040*l.* 7*s.*, no word being vouchsafed as to the amount of the Building Fund! According to the "Cash Statement" for 1872 the income was 4790*l.* 7*s.* 7*d.*, and the ordinary expenditure was 3958*l.* 17*s.* 6*d.*, so that there was a surplus of 831*l.* 10*s.* 1*d.* Out of this surplus, 750*l.* was devoted to repaying half of the "Loan from Bankers;" 46*l.* 6*s.* 6*d.* was charged to "Building Fund;" and the balance remained "at bankers." But notwithstanding this apparently prosperous state of the finances the "liabilities" are increased: at the end of 1871 they were stated as 2063*l.* 7*s.* 6*d.*, and as the loan was not mentioned separately, we concluded it to be a part of those liabilities. In the last "Cash Statement" the liabilities are stated to be 2396*l.* 7*s.* 3*d.* *exclusive* of the loan, the part still remaining to be repaid being stated as an additional liability. Now the loan was a liability

at the end of 1871, and ought to have been treated as such then, as well as at the end of 1872. If it was, by being included in the general statement of liabilities, then the liabilities have increased from 2063*l.* 7*s.* 6*d.* to 3146*l.* 7*s* 3*d.* in twelve months; if it was not, the liabilities at the end of 1871 were understated and therefore misstated. Moreover, if the items of expenditure included in the "cash statement" do not represent the cost of the hospital during the year, but merely a number of accounts which it pleased the managers to pay, it is worthless to subscribers to the hospital, who desire to learn whether its income is more or less than its expenditure. Again, if it be expedient to mention in detail in the cash statement such an item as "omnibus and cab hire, 1*l.* 14*s.* 10*d.*," it is expedient to mention what the liabilities amounting to 3146*l.* consist of. And further, if such sums as 2516*l.* 11*s.* 5*d.* are disposed of in one year by being charged to "building fund," it may be fairly presumed that a subscriber to the hospital is entitled to know what is already the amount of that fund. But in these important points the report is obstinately silent. After giving careful consideration to the accounts, we are obliged to pronounce them, as Dr. Murray did, "loose" and unsatisfactory, and seemingly designed, while affording a minimum amount of information, to impress the inspector of them with the conviction that the hospital has a heavy debt, and is in urgent need of pecuniary help.

Dr. Murray reports that at the time he wrote, the members of the professional staff made an effort to secure their representation, if by only one of their number, at the weekly board of management, and passed an unanimous resolution to that effect; but of course the effort was abortive; and so long as the managing committee continues practically despotic and irresponsible as it is now, the honorary members of the medical staff who are the best qualified advisers concerning the needs and administration of the hospital will be resolutely excluded from any share in its management. It is probable that great as was the crime with which Dr. Chapman was charged openly—viz., that of adverting to the crowded state of the waiting-rooms, a greater one, but one which could not be openly brought against him, consisted in the fact that not only had he expressed a strong opinion at the hospital that the members of the medical staff ought, *ex officio*, to be members of the committee of management, but that by his articles in the *Pall Mall Gazette* concerning the "Abuses of Medical Charity," he had proved himself to be a dangerous person, who under one pretext or another must be immediately got rid of.

The description, mainly in the language of Dr. Murray, which we have now given of the Metropolitan Free Hospital, proves

conclusively that it requires, as he said, "radical reform." The building itself is thoroughly unsuitable for the purposes of an hospital; its hygienical conditions are notably defective; it has no operating room, and no *post-mortem* room; its out-patient rooms are so small, that patients are crowded together in the lobbies and staircase, as well as in the rooms themselves; it has no bath-room, and no means of giving an adult a complete bath on the premises; it "is badly found," Dr. Murray says, in respect to instruments and the ordinary appliances of an hospital; its "nursing arrangements are bad;" the members of its staff "are expected," as he says, "to see thousands of patients, for whom it is impossible to prescribe in the time allotted to each; its managers adopt a system of advertising the number of "attendances" instead of patients, and of announcing as "new cases" a large number which are really old ones—a system which cannot fail to mislead the public; the annual reports of the hospital are proved to be unreliable by the fact that in one of them the rooms which had been set apart for cholera patients were referred to in language which was untruthful—a procedure which Dr. Murray euphemistically designates "trying to make capital;" the hospital accounts are so managed as to be unintelligible, and any one who studies the two "cash statements" last published can only assure himself of the seemingly paradoxical fact, that though the income exceeds the expenditure by several hundreds of pounds, the debts of the hospital increase to a similar extent each year; and, finally, the government of the hospital, which is nominally representative, and which goes through the ceremony of election at the "annual meetings of the governors," is really an absolute despotism, intolerant, like all despotisms, of even the most temperate criticism: as Mr. Jodrell observes, in language at once terse and true, "the general meeting is a sham, the annual election is a sham, the responsibility of the governing body is a sham, and the results such as might be expected from a body which is elected practically by co-optation, and responsible virtually to nobody."* With these indications of the condition of the Metropolitan Free Hospital, and the character of its management, we earnestly commend them both to the serious consideration of its supporters, and no less earnestly do we ask the charity-giving public as a whole to meditate on the evil effects exemplified not only in this hospital, but in hospitals generally, of giving money without the greater gift of personal superintendence of its application.

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* Letter on the Metropolitan Free Hospital in the *Pall Mall Gazette* of Nov. 12th, 1873.

PART II:

METHODS OF ADMINISTERING MEDICAL CHARITY.*

IN the preceding pages we have exposed several grave abuses of medical charity as now generally administered: in the following pages we intend to describe and discuss different plans which have been proposed as remedies of those abuses, and to consider whether it be possible to organize a comprehensive system for the administration of medical relief of the destitute poor, and

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* For the facts made use of in this 'Part,' the Author is mainly indebted to the following Publications:—

1. "Hospital Patients, Doctors, and Nurses." A Lecture by Lionel S. Beal, M.B., F.R.S. London: 1874.
2. "St. John's House and Sisterhood for the Training and Employment of Nurses for Hospitals, the Poor, and Private Families." Twenty-fifth Report of the Council. London: 1873.
3. "Report of Sub-Committee upon an Inquiry made into the Circumstances of Patients attending the Queen's Hospital, Birmingham, July, 1873."
4. "First Report of the Medical Committee of the Charity Organization Society and Rules for Provident Dispensaries adopted by the Council, October 30th, 1871." Second Edition. With a "Report of a Conference held at the House of the Society of Arts, December 12th, 1871." London: 1872.
5. "The Provident System of Medical Relief Impartially Considered." London: 1872.
6. "Provident Dispensaries: Their Nature and Working." By William O'Hanlon.
7. "Report of the Committee appointed by the Medical Charities of Manchester and Salford, February, 1874."
8. "An Act to provide for the better Distribution, Support, and Management of Medical Charities in Ireland; and to Amend an Act of the Eleventh Year of Her Majesty, to provide for the Execution of the Laws for the Relief of the Poor in Ireland. 7th August, 1851."
9. "Report to the Right Honourable Gathorne Hardy, M.P., President of the Poor Law Board, on the System of Medical Relief to the Out-door Poor in Ireland, under 'The Dispensaries Act, 1851.'" By John Lambert, Esq., Poor Law Inspector. Presented to the House of Commons, 8th Feb., 1867.
10. "Annual Report of the Local Government Board for Ireland, being the First Report under 'The Local Government Board (Ireland) Act,' 35 & 36 Vic. c. 109. With Appendices. Presented to both Houses of Parliament by command of Her Majesty." Dublin: 1873.
11. "An Act for the Establishment in the Metropolis of Asylums for the Sick, Insane, and other Classes of the Poor, and of Dispensaries; and for the Distribution over the Metropolis of portions of the Charge for Poor Relief; and for other purposes relating to Poor Relief in the Metropolis" (29 March, 1867).

for the lower classes generally, which shall be dissociated from the evils we have dwelt upon, which shall comprise different methods worked harmoniously with each other, and adapted to the different classes of persons needing relief, and which shall prove itself that which has long been anxiously sought for—an agency for the distribution of medical charity at once thoroughly efficient and wholly beneficent.

The evils or abuses of medical charity which we have already described may be summed up as follows:—

1. That, exclusive of paupers, the number of inhabitants of this metropolis who are recipients of medical charity is upwards of 1,200,000, or 3 in every 10 of the whole population.

2. That a large portion of these recipients are not really and truly proper objects of such charity in any rational sense of that term.

3. That the rate of increase in the number of persons receiving medical charity during the last forty years has been astonishingly high—nearly five times higher, in fact, than has been the rate of increase of the general population during the same period.

4. That persons whose incomes enable them to command many luxuries are in the habit of obtaining all the medical aid they require from an hospital or dispensary.

5. That as time advances the administration of medical charity is being extended, step by step, to persons occupying successively higher positions in the social scale.

6. That the special form of pauperism consisting in the receipt of medical and surgical aid without paying for it, tends to induce general pauperism.

7. That the extensive dispensation of medical charity now prevalent has the effect of supplementing, or, in other words, lowering, the wages of the working classes, and thus of benefitiug their employers to a corresponding extent.

8. That the benefits thus obtained directly by the employed, and indirectly by their employers, are conferred chiefly by the members of the unpaid professional staffs of the different medical charities—men who are confessedly among the hardest worked of the community.

9. That, owing to the enormous magnitude which medical charity has attained, the hospital waiting-rooms are excessively over-crowded, it being customary to see patients, to listen to their complaints, and to prescribe for them at the rate of about one per minute, and often much more rapidly.

10. That though an indefinable proportion of the recipients of medical charity are benefited by it, "very much of the assistance

given is merely nominal," and "is both a deception on the public and a fraud upon the poor."

11. That voluntary medical charity, as now administered in the metropolis, costs at least 600,000*l.* a year, exclusive of the annual value of the lands and buildings occupied by the several hospitals and dispensaries; and that even if it were expedient to administer such charity to the extent now practised, its present cost is extravagantly great—quite double, in fact, what it might and ought to be.

12. That, as a general rule, the so-called "advertising hospitals" —those, namely, which are mainly supported by voluntary donations and subscriptions—are in the habit of so stating their respective claims for help by the charitable public as to imply that they are on the verge of bankruptcy, whereas, in fact, the majority of them receive almost every year more than they expend, accumulate capital the interest of which yields them a permanent income, and thus become enabled in proportion to the magnitude of that income to act independently and, not seldom, in defiance of the salutary influence of public opinion.

The proposals for the reform of the system of which the grave abuses here summarized form a large part are many: some of them are intended to deal with special evils, and others are designed to effect constitutional changes; but, so far as we are acquainted with them, none of them seem to us satisfactory. A reformation, to be thorough, must recognise and grapple with all the evils of the system in question, and must so deal with them that, while effecting their abolition, the origination of other evils of equal if not of greater magnitude consequent on their destruction must be rendered impossible. How far these conditions have been fulfilled by the reformers whose plans have been already proposed or carried out in practice, our readers can judge for themselves in the sequel.

Some persons who interest themselves in the subject of medical charity are chiefly impressed with one only of its numerous evils—namely, that of the wonderfully rapid and unsatisfactory manner in which the treatment of out-patients is conducted. Concerning themselves less with the question whether any proportion, and if so what proportion, of these patients are really fit objects of medical charity than with the question are these patients properly treated, such persons speedily conclude that existing arrangements absolutely preclude them from being properly treated; that no physician or surgeon, whatever may be his natural ability and professional skill, performs his hospital duties efficiently if he sees, listens to, and prescribes for patients at rates varying from, say 40 to 90 per hour; and that the obvious remedy for this great and glaring evil consists in increasing the number of

the Medical and Surgical staff of each medical charity to such an extent as may suffice to insure adequate examination and treatment of each patient. A preliminary and cogent objection to this remedy consists in the fact that in a large proportion of cases it is impracticable. The number of consulting-rooms at each institution is, of course, limited, and, as a part of the present system of administration, each of these rooms is occupied each day alternately by the physicians and surgeons who see the out-patients, and to provide additional rooms as well as additional hospital-porters or attendants in these would necessitate either a greatly increased expenditure or a radical change in the management of the expenditure now incurred. The probability that either of these expedients will be resorted to is very small indeed. But a much stronger and more fundamental objection to the plan in question is that, in reality, it would greatly increase and perpetuate the very evil which it is proposed to remedy. We have, we believe, demonstrated that the provision of gratuitous medical aid as now obtainable in the metropolis creates a demand for it in classes of persons who, before it was thus obtainable, were in the habit of maintaining their independence in respect to medical men, and that just in proportion as that aid is to be had without being paid for, are the spirit and habit of independence undermined, and the practice of requesting medical charity becomes wider and wider spread, so that, in effect, if arrangements were made insuring satisfactory treatment of all out-patients who now apply for it, the demands for it would rapidly increase until the evil which had been temporarily got rid of had re-established itself on a scale many times larger than before. Until a radical cure of the evil in question has been effected it may be expedient to attempt to palliate it by appointing additional physicians and surgeons to those hospitals or dispensaries which are most especially over-crowded, and in which it may be possible to provide an extra set of consulting rooms; moreover, in some cases the rooms which are used in one part of the day by one physician and surgeon might be used by another physician and surgeon during another part of the day. But, for the reason just given, such measures should be regarded as at best only palliatives, and palliatives which, while capable of smoothing the difficulties attending the transition from one system to another, would most assuredly, if long persisted in, augment and intensify enormously the very malady they were intended to lessen.

It has been suggested that a sufficient length of time for an adequate examination and treatment of each patient might easily be given without any change of, or addition to, existing arrangements, if only the physicians and surgeons of each

hospital or dispensary would attend during a longer period on each occasion when they are there to see their patients. This suggestion has been especially insisted on by those courageous conservators of acknowledged abuses—viz., the gentlemen forming that minority of the professional staff of the Metropolitan Free Hospital, which made itself the instrument used by the General Committee of that hospital when demanding the resignation of the present writer, because he had adverted in a public journal to the excessive over-crowding of the waiting-rooms of that institution. Those Gentlemen pointed out to the General Committee that if he thought the number of patients attending at the Hospital were greater than could be treated satisfactorily within the time customarily allotted to them, it was quite competent for him on the days of his attendance there to remain the whole afternoon, in order to give to each patient as much time as he might think desirable. But this suggestion, if it were good for anything, applied not only to him but to each member of the professional staff of every hospital and dispensary in which the evil in question obtains. No doubt some members of those staffs can afford to give nearly the whole of two days a week to the treatment of hospital patients; but such persons occupy exceptional positions in respect both to professional practice and private fortune. Much the larger number of the professional officials of medical charities have so many and such imperative claims on their time, and the greater part of the remainder are so engaged in the struggle for existence, that the suggestion that they should give without any remuneration nearly two-thirds of their working hours to attendance on hospital patients is not merely unreasonable—it is also absurd. And herein lies in fact one of the most essential, and perhaps insuperable, difficulties in the way of organizing a thoroughly efficient system of medical charity the professional officials of which shall be wholly or in great part honorary.

The evil now adverted to has been encountered in some hospitals, but certainly not destroyed, by limiting the number of out-patients admitted each day for treatment. Some time ago the Committee of St. George's Hospital adopted a rule of this kind and applied it very stringently. Accordingly, no medical officer attending out-patients was allowed to see more than twenty fresh cases on any given day; and in that number all in-patients who afterwards became out-patients, and all out-patients whose tickets of admission had been renewed, were not only counted but took precedence of other applicants and thus greatly diminished the number of really new cases. Moreover, the circumstances of applicants for admission were, we believe, inquired into by, or at the suggestion of, the Charity

Organization Society. But while writing, we learn that the authorities of this hospital have modified these rules: now in-patients who have become out-patients, and out-patients whose tickets have been renewed, are not counted as fresh cases, and therefore twenty *bonâ-fide* new applicants are admitted each day. The patients, excepting those in the Ophthalmic department, are still subject, we understand, to inquiries conducted by the Charity Organization Society. We learn that the Westminster Hospital has also adopted restrictive regulations of a kind similar to those just described.

A still more decisive step in the same direction has been taken by the Committee of the Great Northern Hospital, which has closed its out-patient department. Insufficiency of funds has partly operated, we are told, in conducing to this end; but we understand that a consideration of the abuses associated with the out-patient system as now conducted, has also had a large share in originating the resolve just mentioned; and it is not improbable that this hospital may re-open its out-patient department, subject to restrictions like to those of St. George's, or reorganized in such manner as the managers of the hospital may, after due deliberation, deem expedient.

We heartily congratulate these three institutions on the possession and practice of the moral courage which they have exhibited in attempting at least to grapple with the difficulties now adverted to; but though they have fairly set themselves to do so, they have certainly not overcome them: instead of untying the knot, they have simply cut through it. Of the large number of persons who are in the habit of applying at St. George's and at Westminster Hospital, a portion of them are no doubt fit objects of medical charity, and a portion of them are not; now the admission of twenty fresh patients, by any process of selection, before the claims of the whole of the applicants have been examined, even although the twenty admitted may be subsequently subject to adequate scrutiny by the Charity Organization Society, is liable to leave, and in fact must leave each day medically destitute a considerable number of persons whose claims are as great as, and often greater than, the claims of those who have been fortunate enough to obtain admission. We say *fortunate enough* advisedly; for such a method may be fairly likened to a system of gambling—the favoured recipients of the medical charity sought for obtaining it, not by any merit of their own, or by possessing any special claim to exceptional consideration, but by happening to be those who reach the hospital first on the morning when they present themselves for admission. Such a system as this, by affording, as it does, ample time to physicians, surgeons, and students, thoroughly to

examine and study the limited number of fresh cases admitted each day, may be eminently conducive to the efficiency and success of the medical schools attached to those hospitals ; but as an agency for the dispensation of medical charity, in so far as out-patients are concerned, it is all but an abandonment of the work which those institutions are supposed to be peculiarly fitted for; and the need still remains as great as before of an organization capable of selecting rightly from the crowds of applicants for medical charity those who are really deserving objects of it, and of affording them real relief, while sending "empty away" the herd of impostors of various kinds who swell the daily crowds which now fill the out-patient waiting-room of the metropolitan hospitals. There is no medical school attached to the Great Northern Hospital, but in so far as the closure of its out-patient department is due to an appreciation of the inherent difficulties of working it satisfactorily, even if sufficient funds for the purpose were forthcoming, that closure is an especially impressive intimation that the Committee of the hospital are of opinion that a radical reform of the present system of hospital-administration is necessary in order to justify them in undertaking the treatment of out-patients.

It has often been urged, and with considerable justice, that if those who in great measure maintain hospitals by their donations and subscriptions, and who are generally called governors —we presume on the *lucus à non lucendo* principle, because they never govern—would really exercise a thorough supervision and control of them the evil in question, as well as many others, might be easily and speedily remedied. We are confident that a great improvement in the general administration of hospitals might thus be effected, but we doubt if the special abuse we are now considering will be eradicated, or even much lessened, by the "resolutions" of governors.

The primal necessity of self-preservation is felt quite as keenly by hospital-officials as by other living things: even if the managers of a hospital are intent only on discharging their duties in the best possible manner, the organization, consisting of the hospital and its paid officials, of whom its secretary is chief, needs a considerable income for its support; and in the case of most hospitals—viz., those mainly dependent on donations and subscriptions, that income is uncertain and precarious—its fluctuations being, to a large extent, the expression of the fluctuating opinions and feelings of its donors. As we have already explained, many of these consider their contributions as a kind of investment, to be drawn upon at any time when they desire to obtain medical or surgical assistance for their employés, dependents or other persons, free of cost. It is not to be sup-

posed that in such cases governors whose inducements to subscribe are wholly or in part of the kind just indicated would continue to do so if their recommendations of persons for admission into or treatment at the hospital should fail to accomplish the object intended in the majority of cases in which such recommendations are given. It is well known that there is an implied understanding that they shall, as a general rule, be acted upon; and, indeed, as we have previously pointed out, an inducement is held out by hospital committees to the charitable public to subscribe, by assuring it that its power of recommending persons for admission as in- or out-patients is in proportion to the amount subscribed—a definite statement of the privileges obtainable in this respect in proportion to the amount of subscriptions, being published by different hospitals. Considering these facts, our readers will readily understand that the managers of subscription-supported hospitals must find it extremely difficult—indeed, almost impossible—to exercise any really selective power when admitting patients for treatment. No doubt, in really glaring cases of abuse of the charity, the Secretary does venture occasionally to disregard a governor's letter of recommendation; but he knows that were he frequently to do so, the income of the hospital would decline; and as he, together with the whole staff of permanent officials, whether lay or professional, are deeply interested in the maintenance and growth of the institution, the force of temptation to admit patients indiscriminately is almost irresistibly great. Moreover, benevolent motives ally themselves with selfish ones in working to one and the same end: a hospital Committee, including the permanent Secretary, inspired with a strong desire to alleviate human suffering, may easily, and indeed is very likely to, assure itself that, in the present state of society at all events, it is impossible to minister to the wants of those who are really deserving medical charity, without at the same time affording aid to a large number of those who have no rightful claim to it, and hence it is easily intelligible that a man in the position of Secretary of any of the hospitals in question feels that the growth of his personal importance, influence, and income, which is generally proportionate to the growth of the hospital, is a satisfactory indication of the amount of benefit which it confers. Assuming this view of the operation of the causes at work in the organization and growth of subscription-supported hospitals to be approximatively correct, we think that there is in their very constitution an obstacle to the selection of patients who are alone deserving of charitable assistance—an obstacle which seems to us insuperable.

It is manifest from the tenor of the immediately foregoing

remarks that in proportion as hospitals are supported by permanent endowments they disembarrass themselves of the obstacle just indicated, and therefore, that hospitals deriving their income wholly or nearly so from real property, possess the power of instituting a thorough scrutiny into the character and condition of every applicant for medical or surgical assistance before granting it. Accordingly, the great metropolitan hospitals, St. Bartholomew's, St. Thomas's, and Guy's, being in a position to exercise such a scrutiny—or in other words, being lifted above the temptation prevailing in subscription-supported hospitals to avoid such a scrutiny—they ought systematically to practise it. As a matter of fact, however, they do not. Were we to attempt to explain why they do not, we should be led into a discussion beyond the limits assigned to this essay; we must now content ourselves therefore with pointing out that so long as their constitutions and legal powers are what they are, their administration is beyond the reforming influence of public opinion, unless through the agency of Parliament.

It appears, then, that as matters now stand, a thoroughly efficient system of selecting from the daily crowds of applicants for medical charity those only who are fit objects of it, and of restricting it to them, is not likely to be spontaneously adopted, either by the hospitals supported by subscriptions or by those supported by the endowments: the former dare not adopt such a system, and the latter will not. Under these circumstances it remains for us to inquire whether extraneous influences can be brought to bear upon them, in order to enable the former and to constrain the latter to do so.

The real controlling power over the hospitals supported by donations and subscriptions lies, of course, in the supporters of those hospitals—the governors; but, as a general rule, they refuse to give themselves the trouble of exercising it, and in the majority of those exceptional cases in which they do use it, personal interests intervene to cause it to be misused. Thousands of persons willingly give money in aid of the medical charities, but how few there are who are also willing to give their time, in order to supervise and insure the rational expenditure of the money they contribute! It may be urged, and with a considerable show of reason, that the very question, What constitutes a thoroughly judicious administration of medical charity, especially with respect to out-patients, is of recent origin; that persons who have given much attention to the subject are far from unanimous in answering that question; and that therefore we have no right to expect that hospital governors, whose average mental calibre is probably neither more nor less than that of the majority of people constituting the society in which they move,

should be animated with sociological and politico-economical ideas in advance of those held by their acquaintances, and should come forward as energetic reformers in a department of our social system which they are by no means sure needs any change at all, and which, in fact, they have always supposed to be precisely the one least liable to abuse of any kind. But indeed, we have formed no extravagant expectations of what the average hospital governor is likely to do, although we have a very decided opinion of what he ought to do, so long as he is a governor at all; we judge of him by his works, and those are almost wholly of a negative character. In his capacity of governor he is called upon to work for a short time during one day only in the year; he ought, in fact, to attend the annual meeting of the governors, or subscribers to the hospital, to co-operate with them in securing a free expression of opinion concerning the administration of the hospital affairs during the preceding year, and in electing such a Committee as would be likely to carry on that administration most effectively. Were he only to do so much, he would in fact do a great deal, and a reasonable hope might then be entertained that, although the Managing Committee would scarcely be likely to enter on a vigorous war with the chief evil of the out-patient system by adopting the system of selection just mentioned, it would probably inquire into and cause the destruction of many other evils of lesser magnitude; and in doing so, would really work a great change for the better.

A Committee called upon to give an account of its administration during the preceding year to a meeting of a considerable proportion of the subscribers to the hospital, would not dare to confess that it had rigorously excluded from the Committee-room every member of its professional staff, as the Managing Committee of the Metropolitan Free Hospital, for example, persists in doing. It is manifest to any one who thinks at all, that inasmuch as the physicians and surgeons of a hospital are the only persons connected with it who, besides possessing a general education presumably equal at least to that of any lay member of the Committee, possess professional knowledge and experience, and special acquaintance with the character, condition, and needs of the applicants for medical charity, derived from intimate and confidential intercourse with them, which is alone practicable by the professional members of the hospital staff, they are pre-eminently qualified to take an active part in the government of the hospital with which they are connected. They know best the class of medicines most needed, and the nature and quantity of the various and special luxuries likely to be required for particular classes of patients; they are the most competent to determine the arrangements of the respective wards, and how many beds may be placed in each;

they can best judge what surgical and other professional instruments and appliances are necessary; and, in brief, they are best qualified generally to declare what are the several constituents of an efficient hospital organization. Being so, they are also of course the most able to discern and point out any abuses which may grow up in it. Such being their qualifications for membership, prudent governors—in fact, governors intent merely on "getting their money's worth for their money"—would not dream of stultifying themselves by sanctioning, or even permitting, the exclusion of the professional staff from the Managing Committee.

Moreover, if the "secretary and house governor," or any lay member of the Managing Committee, should advocate or suggest such an exclusion at a meeting of a considerable number of independent governors, he would expose himself to grave suspicion of being animated by some very questionable motive. If the secretary did this it would probably—and, indeed, reasonably—be surmised that he was anxious to avoid the scrutiny of those who could see and appreciate most clearly both his conduct and accounts; indeed, any member of the Committee favouring such a scheme might be supposed anxious to promote the secretary's virtual despotism and personal advancement at the expense of the hospital as an agency for the distribution of efficient medical relief. Lay members of the Managing Committee who should propose or aid in the exclusion from it of the professional staff, but who could not be suspected of abetting the usurping designs of the secretary himself, would certainly by such conduct invite an inquisition into their own doings and objects; for it is scarcely conceivable that such attempts are ever made except in order to secure personal advantages of some kind, if not in the shape of money in the shape of power more or less irresponsible, and it is well known that money and power of this sort are to a great extent at least mutually convertible elements. If, after such an inquisition, it should appear that the member in question could not be suspected of acting from either of the motives just mentioned, the governors would probably and reasonably conclude that he was a dupe of the secretary, and that the sooner he was relieved of his functions as a member of the Committee the better for the hospital.

We cannot here enter into a detailed examination of the facts, a knowledge of which is necessary in order to enable us to judge rightly on the question of authority which recently arose between the Committee of King's College Hospital and the nursing staff supplied by the Sisterhood of St. John's House; but we are of opinion that if the governors of that hospital had been careful to perform conscientiously the duties implied in their name, the ladies of the nursing staff would not have found

it necessary to bring their grievance before the public. Indeed, it is difficult to avoid regarding with grave suspicion the motives of the attempt of the Hospital Committee to obtain for itself formally, but practically for its secretary, the power hitherto exercised by the chief of the Sisterhood at the Hospital. Such a procedure would obviously have disintegrated the organization of the Sisterhood employed there, and would therefore have rendered all efficient discipline and control of its members by the Lady Superior impossible. It appears that, step by step, and much to the detriment of the nursing arrangements, her authority was seriously undermined. All the female domestics within the Hospital were at first under her control, but subsequently those waiting on the resident officers and those serving in the Hospital kitchen and having charge of the linen (except in the wards) were withdrawn from her charge and placed under that of the Secretary or, in his absence, under that of his subordinate, the Steward. Moreover, the Committee established a laundry within the basement of the Hospital (the fumes from which do not improve the air breathed by the patients in the wards above), and placed the housekeeper and laundry-women also under the same authority. Our readers will not be surprised that—

"As a natural consequence the Sister in charge has been compelled to complain again and again of neglect of duty in relation to the wards on the part of these domestic officers and servants, almost entirely without remedy; her complaints and those of the Sisters having been too often simply negatived, and therefore dismissed as undeserving of attention. A spirit of resistance and opposition has been presented in those countless details of administration which, though individually trivial, have in the aggregate a most important bearing upon the nursing of a Hospital, which so largely depends upon exact and careful attention to orders given; and thus the performance of the duties of the Sisters and Nurses has become not only irksome, but extremely difficult."

We learn that when the Sisterhood of St. John's House undertook the nursing at King's College it was understood by those who framed the agreement on behalf of the Hospital and the Sisters "that St. John's House brought with it into the Hospital its own internal government and its control over its nurses, with which the Hospital Committee was not to interfere so long as the work of nursing was well done." St. John's House supplies to the hospital, at a cost to the Hospital of 2000*l.* per annum, a nursing staff of forty-two persons, besides the Sisters and lady pupils who conduct the work, and whose services are given freely and without charge. Eight Sisters, as well as from eight to twelve lady pupils, some of whom are nearly as efficient as the

Sisters themselves, are always resident in the hospital. It is only reasonable to suppose that such a body of educated women thoroughly disciplined and skilful, as well as zealous in the performance of their honorary duties, must be a great acquisition to any hospital; and when it is considered that the nurses under their direction are educated by them to do their work in the best possible manner, and are thoroughly superintended in the doing of it, it is difficult to avoid the conclusion that the nursing arrangements of King's College Hospital are of a thoroughly superior kind; and indeed the duties of the Sisters there have been regarded by them as so much the most important part of their work that in order to discharge them the more efficiently "St. John's House was removed from Westminster to Norfolk Street, Strand, in order to be near its new field in the Hospital." In proof of the efficiency of the organization in question as a nursing agency we may mention that it is employed to conduct the nursing of Charing Cross Hospital, of the Hospital for Sick Children at Nottingham, and of the Galignani Hospital in Paris. In February, 1873, the Governors of Charing Cross Hospital at their annual meeting "thanked the Lady Superior and Sisters of St. John's House for their valuable services as nurses in the Hospital;" and also in the same month the Governors of King's College Hospital "in annual court renewed their grateful acknowledgment for zeal, kindness, and devotion which have been evinced in the conduct of the nursing department of the Hospital by the Lady Superior and Sisters of St. John's House." In February, 1874, a protest, signed by six members of the professional staff of the Hospital, was addressed to its President and Governors. The first paragraph of that protest contains the following passage:—

"When we first knew that differences existed between the Committee of Management and the ladies who, for seventeen years, have nursed our Hospital so much to our satisfaction, we, as members of the In-patient Medical Staff of King's College Hospital, felt it to be our duty to address the Committee of Management, and to assure them that, in our opinion, any change which would remove the nursing from the care of the Sisters of St. John's House, is greatly to be deprecated, and would be calamitous to the Hospital and to the interests of the patients."

In presence of the evidence here adduced, it would be difficult to maintain that the work of nursing in King's College Hospital is not "well done," and therefore that the Hospital Committee can either justify its interference with the Management of the Lady Superior, or its resolution to determine the connexion which, at the time we write (March, 1874), has subsisted

upwards of seventeen years between the Hospital and St. John's House.

We have, we believe, carefully read every document and letter which has been published in consequence of the resolution just mentioned, as well as the report of the meeting of Governors of the Hospital, which recently took place, and we have been unable to find any substantial charge against the management of the nursing department, or any valid reason why the Sisters should be dismissed from the Hospital. Considering judicially the whole facts of the case, and aiding ourselves in estimating their significance by the light shed upon them from the history of the administration of other hospitals, we are constrained to conclude that the resolution of the Committee to get rid of the Sisters of St. John's House, and to replace them by a body of nurses each of whom shall be under the immediate direction and control of the Committee or its representatives, is a resolution which has originated in a desire of the Committee to obtain for itself and to exercise a greater share of power than it has hitherto possessed, and especially that that power may be mainly vested in the hands of the Secretary, who will thus become—as nearly all hospital secretaries do—virtually despotic. But whether this conclusion be right or wrong, it is manifest that the case in question is one for the decision of the Governors, and we are glad that in this instance the aggrieved party brought their case before the public with such resolute energy as to excite a considerable interest in it, and thus to assemble an unusually large and important annual meeting of those in whom the power over the hospital is vested. Fortunately for the Sisters, their cause excites interest in and is espoused by many important and influential persons, owing to the fact that they are a religious body; but for this reason it is to be noted that the energy of the Governors cannot be taken as a sample of that which they would display in ordinary cases, in which the subject to be investigated is devoid of the charm attaching to the redress of the grievances of distressed ladies, who moreover are surrounded with a religious halo.

[Since these pages were written steps have been taken by which the contention between the Committee of King's College Hospital and the Sisterhood of St. John's House seems likely to be brought to an end. The Governors of the Hospital, before whom the subject was brought, referred it to Lords Selborne and Hatherley. Their Lordships presented a report, containing (1) their authoritative opinions on the legal aspect of the question at issue, and (2) their recommendations with a view to place the relations of the Committee of Management of King's College Hospital with the Sisterhood of St. John's House on a permanently satisfactory basis. Both the opinions and recommendations contained in

their Lordships' Report afford ample proof that the view of the matter which we had already expressed is substantially correct. The first paragraph of the Report is as follows:—

"In the King's College Hospital Act nothing is included by which the nurses of St. John's House can be properly termed officers, servants, or agents of the Hospital, so that a direct power of dismissal, removal or suspension of any of them cannot be properly maintained; inasmuch as the contract for the performance of the nursing is not with the individual sisters or nurses, but with St. John's House."

The Report, as a whole, in respect to the equity of the question with which it deals and the recommendations it contains, affords substantial recognition of the rightfulness of the position which has been uniformly maintained by the Sisterhood both in the Hospital and in their appeals for support by its Governors and the public. Fortunately the recommendations contained in the Report have been acted on. At the adjourned Annual Meeting of the supporters of the Hospital, held May 4, 1874, instructions were given to frame a new agreement with the Council of St. John's House, by virtue of which it will continue to conduct the nursing of the Hospital. On the 18th of June following, a Special Meeting of the Governors of the Hospital was convened to receive the report that a new agreement had been framed, and it is to be hoped that it will prove satisfactory to all concerned in the welfare of the Hospital. That that agreement is a virtual justification of the attitude of the Sisters and, to a corresponding extent, a condemnation of the Managing Committee, may be fairly inferred from the fact that the adoption of that agreement has been followed by the resignation of thirteen members of that Committee! We heartily rejoice in being able to congratulate, alike the Sisters of St. John's House and the Governors of King's College Hospital, on the signal triumph in this instance of justice and common sense over the despotic principle which manifestly animated the majority of the Managing Committee.]

The Soho Hospital for Women also presents a case claiming the especial intervention of its governors or supporters. It appears that its medical staff, with one remarkable exception—viz., Dr. Protheroe Smith—has hitherto been deplorably subordinate to the General Committee of this charity, in accordance with the following bye-law:—"On 31st day of December, 1854, and on the 31st day of December in *every alternate year* from that date, all acting honorary medical officers (excepting officers appointed before the year 1850) shall go out of office." But this bye-law not being sufficiently humiliating to the professional staff, the General Committee enacted that each member of that staff shall resign his office *each year*, and then, if he please, offer him-

self for re-eleetion. From all that we have previously said, our readers will readily appreeiate the signifieance of this ingenious bye-law, by virtue of whieh the physieians and surgeons of the hospital, while denied any voiee in its management, were held in a position of helpless and pitiable subjeetion to the General Committee.

But, indeed, the more we look into the proeeedings of the Committee of this Hospital, the more questionable they appear. The bye-law providing that each member of the professional staff, exeepting always Dr. Protheroe Smith, should resign his offiee eaeh year was evidently enaeted for the express purpose of getting rid of would-be reformers likely to prove troublesome. Certain grave abuses in the management of the Hospital—ehiefly in the nursing department—had during several years eaused great dissatisfaetion to a majority of the medieal staff. Those gentlemen complained to the Managing Committee of the evils in question; and their eomplaints being unheeded, they requested that Committee "to appoint a joint eommittee, eomposed of an equal number of lay and medical members, for the due investigation of the subjeet." The request was refused, and those who made it were informed by the Seeretary that the "Committee are of opinion that the eharges made have little or no foundation." Thirteen days after this announeement the would-be reformers reeeived eopies of the new bye-law, eompelling the whole of the medical staff, exeepting Dr. Protheroe Smith, to go out of offiee eaeh year! This short and easy method of dealing with insurreetionary members of the staff, if not altogether admirable, was certainly very effeetive; but whether the Committee ean afford to pay the eost of the vietory it has obtained—viz., the secession of two-thirds of its professional staff—remains to be seen. These gentlemen informed the Committee that, unless the amended bye-law were allowed to revert to its original form in so far as the existing professional staff was eoneerned, they should withdraw from the Hospital. The Committee adhered to its bye-law; and Dr. Meadows, Dr. Edis, Dr. Squarey, Mr. Heath, Mr. Seott, and Mr. Edgelow left the hospital; the professional gentlemen remaining are, we believe, only three in number, two of these being Dr. Protheroe Smith, and his son, Dr. Heywood Smith; and mueh interest is now felt in observing whether any respectable professional men will offer themselves to fill the vaeaneies oeeasioned by the retirement of the six gentlemen just mentioned. The Committee is evidently beginning to feel that it has plaeed itself in a position which is far from enviable; and at the "Annual Meeting of the Hospital," whatever that may mean, held in May [1874], the gentlemen in power not only assumed a eoneiliatory attitude, but by one of the resolutions

which they passed made a desperate effort to retrace the steps by which they have dragged the Hospital into its present very unfortunate notoriety. That resolution declares that "every physician or surgeon shall, on his completing the age of sixty-five, vacate his office." Simple-minded people may infer from this declaration that every physician or surgeon of the hospital will in future be able to hold his office until he is sixty-five; and, no doubt, the declaration is intended to suggest that inference; but though, according to that resolution, each member of the staff is bound to *vacate* his office on his completing the age of sixty-five, he is not really empowered to *hold* his office until he attains that age; and therefore, as an assurance that he may, the resolution is, in our opinion, worthless. We note with surprise that the *Lancet*, referring to this resolution, says that "the medical officers, who have hitherto been subject to the caprice of the Committee, are for the future to be permanent officials, with the sole restriction of resigning at the age of sixty-five." The suspicions of the *Lancet* are, however, not allayed; for it adds:—"But the question naturally arises, Are these alterations, which have been brought about by public pressure, permanent? or will former practices recur as soon as attention is diverted from them? At all events, the charity has lost the services of several eminent medical men; and it would be well for any future candidates for office to consider the stability of the laws by which they will be governed." We thoroughly concur in the propriety of this reasoning.

We understand that the medical men who have retired from this Hospital have sent a statement of their case to each of the subscribers to it, and certainly this is a case affording ample scope for their common sense and energetic action; but, judging from the barren achievements of the Annual Meeting above referred to, we fear the subscribers cannot be so far roused from the apathy in which they usually slumber as to be induced to effect the radical reform urgently needed in this Hospital. But whatever may be the fate of the Soho Hospital for Women, we cordially congratulate the six medical men who have withdrawn from it on their courageous conduct in resisting the despotic Committee which strove to impose upon them a slavish and silent acquiescence in the perpetuation of abuses, instead of welcoming information of their existence, and hastening to remedy them. That conduct is the more praiseworthy, because experience teaches that every day in several of the London hospitals medical men submit themselves to an amount of humiliating treatment from the committees of the several hospitals with which they are connected, which can only be accounted for by supposing that there are few avenues to professional success in the metro-

polis, except those involving exposure to the disgraceful ordeal here indicated. How far those who expose themselves to it incur a loss of self-respect and of the respect of the profession, we leave the profession itself to determine.

"Arrogance, ignorance, disregard of the views and interests of the actual workers, and a most extraordinary exaggeration of their own consequence, characterize many of the bodies entrusted by the charitable with the duty of disbursing what they give for the benefit of the poor. . . . Will the public never discover that the medical staff of our public charities ought to work *with*, instead of being at the mercy of, the committee? In some few hospitals every physician and surgeon is a member of committee by virtue of his office; but this wholesome rule we believe to be still the exception, while in many institutions there is not a single member of the staff on the Committee of Management. In several hospitals we are acquainted with the physicians and surgeons, like the domestics and porters, are looked upon as the 'servants' of the committee, and in some instances treated accordingly. . . . The secretary often possesses more real power than the entire medical staff; and, in many instances, all that members of committee know of the staff is 'reported' to them by this individual, who, as their officer and representative, exercises absolute power in a manner certain to earn their confidence and support."*

The writer of the article just quoted concludes it by expressing the opinion that "the great interests of the medical charities would be more fully considered and better provided for if the public would insist that the responsibility of administering the funds and managing the paid officials were shared by the medical staff," with, we presume he means, a certain number of lay members of the executive committee of each hospital. We do not know whether by "the public" he means the general public, and if so we do not understand how he thinks the general public should insist on the reform he suggests. The only way, as far as we can see, in which the general public could do so would be by an Act of Parliament, which is certainly not likely to be passed. That part of the charity-giving public which supports the unendowed hospitals, might and ought to insist on such a reform, and as we have shown, if they would only do what they have the power of doing a very large measure of improvement would be effected. There are three ways in which they might be influenced and induced thus to do their duty:—

(1) The professional staff of any given hospital finding itself excluded from exercising any governmental control over it might appeal to the subscribers, setting forth the abuses which they

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* Medical Times and Gazette, Feb. 21, 1874.

desire to remedy as well as the reforms they advocate, and urging the subscribers to meet and pass such resolutions as might be necessary to effect the changes desired. For such an attempt to have a chance of success it would be indispensable that the whole or nearly the whole of the staff should be convinced of the desirableness of the change proposed, that they should have the courage to act out their convictions, and that they should co-operate unanimously to achieve the end proposed. We confess that our knowledge of hospital staffs does not encourage us to hope that such unanimity and co-operation for such a purpose is at all probable; and even if it were it is by no means certain that the deplorable apathy of hospital subscribers or Governors could be so far overcome by an appeal of the kind suggested as to induce them to meet together in numbers sufficient to prevail over "the powers that be."

(2) The several professional staffs of the subscription-supported hospitals might constitute themselves an association for the reform of hospital abuses, for the assertion and maintenance of their own rights as hospital officials, and especially, therefore, for the acquisition of a due share in the government of the hospitals with which they are severally connected. Such an association would be able to exercise considerable power, and would achieve indirectly all that the Hospital Out-patient Reform Association will ever be able to achieve directly, and very much more besides. We have given reasons why it is unlikely that the out-patient reform, to effect which that association was established, can be thoroughly accomplished by the unendowed hospitals, with or without the stimulus of that association, or of any other extraneous influence. But while a considerable improvement in that direction may no doubt be effected, the sphere for hospital reform in other directions is so ample, and by obtaining the reforms required in various directions the out-patient system itself could be so beneficially acted upon, that we commend to the consideration of the Committee of the Out-patient Reform Association the expediency of enlarging their scope, and so modifying their programme as to enable themselves to comprise, in the object of their endeavours, the achievement of the several kinds of hospital reform which would be easily and certainly accomplished, if the professional staffs of the various hospitals possessed that ascendancy in their government which is indispensable for their good management and maximum degree of usefulness. We fear that so long as the Out-patient Reform Association continues simply as such, and limits its efforts to achieving the reform which its name indicates, it will fail to produce any effects proportionate to its efforts, and will continue to have a mere lingering existence.

(3) The Committee of the Hospital Sunday Fund in the exercise of its discretion as distributor of that fund, may exert, we

believe, a large amount of controlling influence over the conduct and administration of the numerous hospitals and dispensaries among which the money is divided. Of course the sum of Thirty, Forty, or even Fifty Thousand pounds, is small in comparison with the aggregate income of those numerous institutions, yet inasmuch as any hospital or dispensary which refuses to comply with the conditions which the Committee chooses to prescribe may be debarred from participating in that fund, the Committee is thus, to a certain extent, virtually master of the situation, and can exert a controlling influence over most of the medical charities of the metropolis. If this Committee were fully informed of the abuses obtaining in any given hospital, and especially of the exclusion of the medical staff from its governing body, the Committee might probably exert so much pressure upon it as to induce it to reconstitute itself on a rational and just basis, and, as far as practicable, to put an end to the abuses complained of. The Chairman of the Committee for the apportionment of the Hospital Sunday Fund, like a Chancellor of the Exchequer in a still wider sphere, will probably find his favour eagerly sought by most of the numerous bodies whose interests he will have the power of promoting; and in order to insure that favour they will, we suppose, be willing, as a general rule, to give such ample information, statistical and otherwise, about themselves, and adopt such various reforms, as he may think the interests of the public require. We say "*various* reforms," because we do not think that even he will be able to induce the subscription-supported hospitals to make a *radical* change for the better, in their out-patient departments, unless their supporters should in yearly increasing numbers send their subscriptions direct to him to be appropriated as he and the Committee over which he presides may think best. It seems, indeed, that to a certain extent they are already doing so: the aggregate amount of subscriptions sent direct to the dispensaries last year was 1000*l.* less than previously; and it is reasonable to suppose that the more the nature of the office of the Committee and of its relations to the several Medical Charities is understood by the most enlightened and most truly disinterested members of the charity-giving public, the more they will become inclined either to entrust their gifts directly to the chairman of that Committee, or to bestow them only on those charities which freely submit themselves to its supervision. In this way that element of responsibility which hitherto has been in great measure wanting in our voluntary medical charities might be gradually and to a great extent, if not completely, developed.

Governors of even the most thoroughly self-regarding sort—men, for example, who subscribe to a hospital in order to secure for their workmen and their families medical aid free of cost—

would be interested in insuring for such persons better treatment than they can possibly receive, when the average length of time of their interviews with the "Doctor" does not exceed one minute. If such governors, who may be supposed to be practical common-sense men, were to sit down before the problem—how to lengthen the interview of each patient with the doctor from one minute to two or even to three, they would at once be brought face to face with the main difficulty and opprobrium of the present out-patient system; and then we imagine they would do one of three things: they would insist on an increase of the professional staff and of consulting-rooms for its efficient working; or they would restrict the number of patients admitted for treatment; or, if neither of these plans were found practicable, they being as we have supposed common-sense men, and therefore intolerant of absurdities, would withdraw their support from an institution which they had discovered to be, in respect to its out-patient department, little better than a sham. But we are not sanguine that by any effort, however energetic, or any device however ingenious, the governors of subscription-supported hospitals in London will be systematically convened sufficiently often, and in numbers sufficiently considerable, to effect and sustain any great reform of the hospital abuses prevailing in the metropolis.

In provincial towns the difficulty of dealing with the abuses in question is probably less than it is in London, each inhabitant of which most usually lives as a stranger even to his next door neighbour. Those abuses have already assumed such magnitude in several of the provincial towns as to attract a good deal of attention, and to become, in fact, objects of grave public concern.

At Birmingham a considerable effort has been made to reform the existing hospital system. In February, 1873, the General Committee of the Queen's Hospital requested the Charity Organization and Mendicity Society (Birmingham) to inquire into the circumstances of patients attending that hospital. The inquiry extended over seven weeks and was of a searching character, the results being generally confirmatory of the view expressed in our last number concerning the extent and abuses of medical charity. A sub-committee which was then appointed, considered and reported on the evidence obtained; and subsequently the General Committee invited a conference of representatives from all the medical charities of the town (ten in number). The conference was attended by representatives from each of them, and from one hospital in a neighbouring town. It met twice and passed the following "Recommendations:"—

1. "That a Central Committee be formed for the purpose of inquiring into the fitness of applicants for Hospital Relief.

2. "That this Committee consist of Representatives of each Medical Charity.

3. "That all applications for Hospital Relief be reported to the Central Committee for registration (forms being supplied for the purpose); and that the Central Committee make inquiries into such cases as it may deem necessary.

4. "That pending inquiry, all cases be treated as at present.

5A. "That in all cases which, from information obtained, appear unfit to be treated, a form, with details of such information, be returned to the Hospital (within a week where possible); and that all hospitals should consent to receive the decisions of the Central Committee as final upon the evidence, *other than Medical*, of the cases investigated by them.

5B. "That in all cases which, from information obtained, appear unfit to be treated, a form, with details of such information, be returned to the Hospital (within a week where possible); and that each Hospital be left to decide for itself upon the continuance of the relief.

6. "That the cost, estimated at about 600*l.* per annum, be borne, *pro rata*, by each Institution."

These recommendations were sent to the authorities of each hospital, enclosed in an admirable circular-letter by the Chairman of the Conference, the Rev. J. C. Blissard, M.A., dated 3rd February, 1874, and containing several cogent arguments in favour of the adoption of the scheme. Several of the hospitals have not yet replied, but the authorities of the General Hospital, the largest and longest established medical charity in the town, have declined to join in the scheme, on the ground that they do not believe that the abuses alleged are sufficiently extensive to warrant the expenditure proposed; and also on the ground that they can themselves most *effectually* and *properly* investigate their own cases.

The refusal of this important hospital to co-operate in carrying out the proposed scheme will long delay, if it does not prevent, any efficient reform of the medical charities of Birmingham. Moreover, another formidable and wholly unexpected obstacle to the scheme is presenting itself: it is rumoured that the advocates of reform are anxious to adopt a "wages" test of fitness for receiving gratuitous medical relief—persons earning 20*s.* not being considered eligible; and this rumour has provoked the opposition to the scheme of the working men *en masse*, though the more intelligent of them support the reformers. Substantially, the rumour is erroneous, for though a wages test may be regarded by them as a good preliminary indication of the circumstances of the applicants for medical relief, it was not intended to regard it as more than such; but, on the contrary, it was proposed in determining on the fitness or unfitness of such applicants to consider their circumstances as a whole. But however erroneous may be the rumour in question, the opposition it has excited is none the less real and powerful.

Apart from this special kind of difficulty, the scheme was from the first unlikely to receive the general support of the hospitals invited to join in working it. The want of accord at the Conference in respect to resolution 5A, and the recommendation of resolution 5B as an alternative one, would, in our opinion, invalidate the whole scheme. This consideration, and the inherent difficulty already pointed out, which must be encountered by subscription-supported hospitals in rejecting as unfit objects of medical charity persons recommended by subscribers, lead us to anticipate that the plan of reform proposed by the Birmingham Conference will have to be indefinitely postponed, or at least shelved not only until hospital authorities become more fully alive to the extent and gravity of the abuse, and more ready than they are now to consult the welfare of the poor instead of the fancies of subscribers, but also until the latter will consent to surrender their present privilege of giving a "governor's letter" to whom they please, regardless of the question—"Is the receiver of it really entitled to it?"

The main current of opinion and feeling in the minds of men who are interesting themselves in the subject of medical charity is at present setting strongly in favour of the establishment of Provident Dispensaries, and their affiliation, when practicable, to hospitals to which severe cases requiring treatment of a kind not practicable at a dispensary may be sent.

Most of the Provident Dispensaries now at work are supported partly by the periodical contributions of the patients who receive medical and surgical aid from them, and partly by the donations and subscriptions of honorary members. Generally speaking the whole or nearly the whole of the amount contributed by the patients themselves is paid to the professional staff of the institution by way of remuneration for the professional services rendered; and the donations and subscriptions of the honorary members constitute a fund for defraying the ordinary expenses of the Dispensary. Its management is usually vested in the hands of the subscribers or honorary members, and a certain number of the ordinary members who have been connected with the dispensary a certain time and who are supposed to represent the main body of members. This body selects from itself a Committee of Management, the members of which are partly honorary subscribers, and partly representative members; and, as a general rule, we believe, the Treasurer, Honorary Secretary, and members of the Professional Staff are *ex-officio* members of the Managing Committee. Of course the different dispensaries differ more or less in respect to the character of their several constitutions; but the differences chiefly relate to matters of secondary importance: fundamentally they are all of one and the same type.

*TABLE showing the Position of the Chief Provident Dispensaries.**

Name.	When established.	Income. Free Fund. £ s. d.	Income. Honorary Fund. £ s. d.	Income. Total. £ s. d.	Per centage of Income from Free Members.	Per centage of Income from Honorary Members.	Expenditure. Medical Men. £ s. d.	Expenditure. Drugs. £ s. d.	Expenditure. Dispensary Charges. £ s. d.	Expenditure. Other Expenses. £ s. d.	No. of Members.	Per centage of Members to Population.	New Members last year.	No. of Members Sick last year.	No. of Honorary Medical Officers.	No. of Paid Medical Officers.	Date of Report.
Leicester	1862	1934 11 4	530 3 0	2464 14 4	78	22	1219 8 2	434 9 9	...	854 12 4	12673	13½	...	...	1	6	1872
Northampton ...	1845	2005 16 8	241 9 0	2247 5 8	90	10	1619 13 5	267 4 10	123 7 5	194 5 2	12820	28	2239	...	1	3	1872
Coventry	1831	1073 0 4	64 18 0	1137 18 4	94	6	693 11 3	247 6 0	115 0 0	90 15 5	8000	19	1580	4020	2	3	1872
Derby	1830	970 2 6	58 16 0	1028 18 6	94	6	534 17 10	211 7 4	130 0 0	120 1 11	4711	7½	1588	...	...	8	1872
Burton-on-Trent		803 7 3	49 11 6	852 18 9	94	6	597 10 10	123 9 4	108 10 8	34 3 7	...	...	...	...	...	...	1872
Altrincham† ...	1861	644 17 1	...	644 17 1	...	...	533 1 2	...	...	...	2920	11½	...	1968	...	4	1871
Leamington......	1869	451 3 4	177 13 0	628 16 4	72	28	392 10 8	77 14 8	53 12 0	149 6 2	3683	16	...	...	2	3	1871
Rugeley	1866	369 4 1	181 12 5	550 16 6	67	33	370 11 7	...	...	...	2091	28	...	1296	...	...	1872
Brighton	1837	317 11 11	105 5 8	422 17 7	75	25	323 2 10	...	...	106 14 1	2215	2	362	...	5	5	1872
Camberwell	1862	558 11 3	427 14 9	986 6 0	57	43	560 5 10	206 7 2	60 0 0	101 14 5	...	...	1900	...	...	6	1872
Wandsworth ...	1863	424 18 4	240 17 1	665 15 5	64	36	380 0 6	87 7 4	...	98 19 2	...	...	2894	...	1	2	1872
Paddington	1836	373 10 0	170 17 0	544 7 0	69	31	313 10 0	81 17 1	...	117 17 6	...	...	..	6712	3	5	1872
Haverstock Hill	1865	358 18 2	161 17 4	520 15 6	69	31	341 16 11	51 9 8	69 6 0	76 8 7	2326	...	1137	...	...	3	1872
SS. Paul and Barnabas	1850	68 10 9	444 2 0	512 12 9	14	86	197 9 0	102 8 7	...	204 6 0	...	...	...	3763	...	2	1872
Hampstead	1845	247 11 11	168 18 0	416 9 11	60	40	219 16 6	69 19 9	40 7 6	87 0 7	1346	...	...	3500	...	3	1872
Marylebone	1833	285 9 6	122 4 9	407 14 3	70	30	138 17 0	84 4 11	72 0 0	86 14 11	...	...	...	...	4	3	1871
Notting Hill ...	1872	93 11 0	265 15 10	359 6 10	26	74	213 12 0	51 1 0	10 19 0	162 1 11	2500	...	...	...	5	6	1872
Islington	1864	147 14 0	195 0 3	342 14 3	41	59	86 6 3	32 15 0	...	185 7 3	...	...	697	...	9	3	1871

* We are indebted for this excellent table to Mr. O'Hanlon's valuable pamphlet, entitled "Provident Dispensaries: their Nature and Working."

† The Hospital is connected with the Dispensary and the subscriptions to each are not separated. The report is for eighteen months.

The St. Marylebone Provident Dispensary, now about thirty-nine years old, was the first of the kind established in London. Two years after it began another was started at Paddington —the Paddington Provident Dispensary, which also still exists. But the existence of each of these institutions is little better, we understand, than a severe struggle. Seeing how long these two Dispensaries have exemplified the experiment of the "Provident" system, our readers will perhaps conclude that if that system is a good one it must have been greatly extended in the metropolis since they were founded. As a matter of fact, however, there are now only eleven Provident Dispensaries in the metropolis. It is manifest that the Charity Organization Society does not regard the smallness of their number and the slowness of their growth as evidences of their intrinsic defectiveness or want of adaptation to the conditions which they are intended to meet, for that Society has adopted and published a report of its Medical Committee which recommends that the public should be advised "to support the existing Provident Dispensaries in preference to those which stand on a purely eleemosynary footing . . . . . that wherever it is possible the Local Provident Dispensaries should be affiliated to the Hospital of the district, so that members might be entitled to the advantages of hospital treatment if it were deemed necessary;" that the Society should endeavour, through the agency of its district committees to "induce the Governors of existing free Dispensaries to consider whether they might not with advantage convert their institutions into Provident Dispensaries," and that "in some districts where there is an urgent want of a Provident Dispensary, the local committee should perhaps take the initiative in the formation of such an institution."

Notwithstanding the strong opinions thus expressed in favour of Provident Dispensaries, opinions which, as we have said, are shared by a large proportion of the whole of those persons who are anxious to remedy existing abuses of medical charity, it must be admitted that the process of conversion of existing Metropolitan Free Dispensaries into Provident Dispensaries, is so slow as to be scarcely appreciable, and that in London the fresh origination and continuous growth of such Dispensaries cannot be said to occur. In short, the project of substituting them for the present methods of administering medical relief to out-patients in London is generally confessed to be a failure. In various parts of the country, on the contrary, Provident Dispensaries certainly flourish. Whether London is too vast to admit of that vigorous and thoroughly efficient organization under the control of a central authority, which is indispensable for the successful working of the Provident system, or whether its failure is due merely to the fact

that such an organization, though possible, has not yet been attempted, are questions which, indirectly, will be answered in the sequel.

If the Provident system is capable of effecting all, or any large part even of that which its zealous advocates expect of it, it is probable that its first great achievements will be displayed in the large provincial towns of England, and that the collective medical charities of London will be the last to come under its sway. Obviously, Provident Dispensaries cannot compete successfully with Free Dispensaries and the out-patient departments of hospitals in one and the same neighbourhood, so long as the conditions and feelings of the poor are what they are; therefore, unless the authorities of the Free Dispensaries and of the Hospitals in London can and will effectually combine to close the former and the out-patient department of the latter, we see little chance of the establishment of Provident Dispensaries here on a scale sufficiently large to enable them to operate as a remedy of the abuses of medical charity now prevailing. We doubt if any force less than that of an Act of Parliament will suffice to effect the combination; and during the present century at least, Parliament will, we imagine, be scarcely likely to pass such an Act.

Manchester is sufficiently large to favour the growth on an extensive scale of the ordinary abuses of medical charity, and yet sufficiently small to facilitate the co-operation of the authorities of the several hospitals and dispensaries within the town and its suburbs, in order to carry out any concerted plan of action which collectively they may determine on. We are very glad, therefore, that in Manchester an effort is being made to introduce Provident Dispensaries as reforming agencies, under conditions as favourable as can fairly be hoped for by their promoters; and the result of the experiment, if it really be tried sufficiently to afford adequate data for a correct judgment of it, cannot fail to be especially instructive. A Committee representing all the Medical Charities of Manchester and Salford was appointed in July, 1873, "to inquire and report as to the best method of establishing Provident Sick Societies in Manchester and Salford, which will, as far as possible, relieve the charities of improper applicants, and be likely to be acceptable to the working classes and the medical profession." The chief conclusions of the Committee are embodied in the following paragraphs:—

1. "The Committee are decidedly of opinion that Provident Dispensaries ought ultimately to be self-supporting, but after careful consideration have come to the conclusion that until they become generally known and accepted by the working classes, it will be necessary to include Honorary as well as Ordinary members in their constitution.

2. "That it is desirable to divide Manchester and Salford into districts, and to establish a Provident Dispensary in each district, so as to place Medical Relief upon the Provident principle within the reach of each member of the class eligible for membership.

3. "That no Provident Dispensary shall accept as members persons residing outside its own district.

4. "That a member of a Provident Dispensary who shall remove from one district to another, shall have the privilege of being transferred, free of charge, to the Provident Dispensary of the district to which he has removed.

5. "That no Medical Charity shall receive as an out or home patient any person residing in a district in which a Provident Dispensary has been established, except upon the recommendation of such Provident Dispensary. But during the two years following the adoption of this scheme by the Committee of the Medical Charities of Manchester and Salford, any person suffering under disease *showing urgency* shall be at once prescribed for on the statement that he is unable to pay for medical aid.

6. "That any member of a Provident Dispensary who may, in the opinion of his medical attendant, require a consultation or treatment at a hospital, shall be entitled to a recommendation to the hospital most suited to his case.

7. "That it is desirable that the scheme, as approved by the Committee of the Medical Charities of Manchester and Salford, should be laid before the Managers of the Medical Charities by their respective representatives on that Committee. A Council shall then be immediately formed, and each Medical Charity concurring in the scheme shall be requested to send representatives thereto."

The Committee also defined in detail the constitution and procedure of the proposed Council, and supplied a set of elaborate rules for the formation and government of each of the several "District Provident Dispensaries," to be worked under the general control of the Central Council. These rules are substantially the same as those governing most provident dispensaries; we shall therefore only mention those which have been especially important, bearing on the scope and management of the institutions, and on the interests of the medical men immediately connected with them. It is proposed that "the members shall be artisans and others in receipt of weekly wages, whose average earnings do not exceed thirty shillings per week, and who are not in receipt of poor-law relief;"* that "any sick person unable to pay the dispensary charges shall be referred to the poor-law officers, or be recommended to one of the medical charities, as circumstances may require;" that "the honorary subscriptions

* But the Committee may admit any applicant for membership if they think the case a suitable one.

to any provident dispensary shall be paid to the Council either directly or through the dispensary, and any annual subscriber of one guinea to such fund shall be considered as a subscriber to the Council;" that "one-half of the payments of the ordinary members (with the exception of midwifery fees) shall be divided amongst the medical officers, in proportion to the amount received from the members who have selected them;" that "the midwifery fees shall be paid to the medical officers or midwives attending the cases, in respect of which they were received;" and that "each dispensary shall be managed by a Committee composed of four ordinary members, four honorary members, and four members of its medical staff."

The Committee which framed the recommendations and rules in question is thoroughly alive to the fact that the efficient working of its proposed network of "District Provident Dispensaries" is mainly dependent on the hearty co-operation of the pre-existing medical charities of Manchester and Salford; and hence the recommendations contain a proposal to effect a federation of them by means of the "Council," which has been already mentioned, and which is designed to "consist of (*a*) two representatives from each medical charity joining in the scheme, (*b*) two representatives from each provident dispensary, and (*c*) of additional members elected by these representatives." If this federal scheme could be thoroughly realized by obtaining the assent to it of the authorities of each of the existing medical charities, and could therefore be carried out as designed, it would probably put an end to the abuses of medical charity in Manchester. All patients in that city who are not attended by private practitioners would be divided into three classes: (*a*) those who are received as in-patients by the hospitals, (*b*) those who become members of provident dispensaries, (*c*) and those who, being too poor to do so, are to be referred to the poor-law medical officer for such medical aid as they may require. A portion of the in-patients of the hospitals would of course consist of persons who had sustained mechanical injuries, and were therefore needing immediate surgical attention, and also of persons suffering from various other maladies of a character so severe as to justify their immediate admission into hospital without the intervention or recommendation of a district provident dispensary. Under all circumstances the number of in-patients of the hospitals would remain *comparatively* small, and therefore the pecuniary resources of such patients and their claims to receive medical relief could as a general rule be easily investigated and ascertained, and hence it is manifest that the abuse of medical charity, in so far as the in-patients already mentioned are concerned, would be very slight indeed. Such other persons as would

become in-patients would be admitted only on recommendation of one of the district provident dispensaries, and as each patient of this class would be thoroughly known in the district from which he was recommended, and would indeed be a contributor to the funds of the provident dispensary of which he was a member, the element of abuse of medical charity would in his case—and in all other cases like to his—be eliminated. The adoption of the scheme in question by the whole of the medical charities in Manchester presupposes, of course, one of two things in respect to the out-patient departments of the hospitals there: either those departments would have to be converted into provident dispensaries in immediate connexion with the several hospitals; or they would have to be abolished—the patients who had previously been in the habit of obtaining medical relief being relegated to the district dispensaries nearest to their several homes. The hospitals would thus be to a considerable extent dependent for the supply of their in-patients on the provident dispensaries, and would be bound to receive such patients so long as there might be room for them, and, as well as the provident dispensaries themselves, would, as members of the proposed federation, be subject to the control of the federal council already mentioned, in the same manner as the several States of the United States of North America are subordinate to the supreme power of Congress.

The system of administering medical relief to the lower classes just sketched would certainly be an enormous improvement on the methods of indiscriminate Medical Charity now practised in London and the provincial towns; for that system introduces, at least, the principle of self provision—a principle which, when once habitually practised, becomes more and more appreciated and valued. The constitution of the Provident Dispensary, as it includes honorary members, that is, persons who contribute to its support without deriving any benefit from it, is a compromise between the principle of dependence and that of independence, and is at least a great step onwards. It is certainly calculated to originate and foster self-help and self-respect; it is likely to generate aspirations for complete independence and social advancement; and it is to be hoped that in the course of no long period the element of charity now forming a large part of the institution will be gradually eliminated. In fact, the ordinary members should be encouraged to keep this object constantly in view, and should be tempted to strive for its accomplishment by the prospect of sharing the government of the Dispensary only with its professional staff. The fact that as a general rule the physicians and surgeons of existing Medical Charities give their time and labour to them without remuneration is a great evil, and

has long been deplored. The practice of paying all the Medical Officers, which forms a part of the Provident Dispensary system, seems at first sight at all events a great improvement upon the existing usage, and will probably commend itself strongly to those members of the profession who are likely to connect themselves officially with Provident Medical institutions.

There is no doubt another side to this picture—a side which will present itself in different aspects to different observers according to the point of view from which they regard it. According to the rules drawn out by the Sub-committee already mentioned, persons receiving medical aid must receive it from one of the medical officers of the Dispensary in the district in which he resides, and though he may select any one of the medical officers of that Dispensary whom he prefers to treat him, he is not permitted to change his medical attendant, without the consent of the Committee, during his illness. Now we have good authority for stating that a considerable number of the out-patients of the London Medical Charities are in the habit of migrating from one to another, occasionally to several in succession—trying first one physician or surgeon and then another, until they are cured either of their malady or their changeableness. There is nothing surprising in this, the classes above them do essentially the same thing: every physician who listens to a fresh patient's story is accustomed to hear the names of half a dozen, and sometimes half a score, medical men whom he had previously consulted, and it is highly probable that many of the members of Provident Dispensaries feel the restriction to one medical man during the illness on account of which he is consulted as decidedly irksome. This may be one cause why Provident Dispensaries are so unpopular as they appear to be in the metropolis.

Those philanthropists who are especially possessed with the idea of the supreme importance of developing the spirit and practice of independence in the lower classes object to the partially charitable character of Provident Dispensaries. "It appears to me," says a recent writer concerning them, "that not only the object to be achieved, but the very spirit of the Provident Dispensary system shows that it should be, when once fairly started, entirely self-supporting. I fail to see any material difference from a moral point of view, between a Provident Dispensary dependent on charity for existence, and preaching independence, but unable to pay its medical officers; and a Free Dispensary entirely dependent on charity, with its medical officers gladly offering their gratuitous services." We fail to see much force in this objection, because it may be fairly said that people who have already been induced to exchange the habit of receiving gratui-

tous medical relief for the habit of receiving that which is only partly gratuitous, may be expected in the course of no long time to make a further advance by proposing to pay for the whole of the medical aid they require, and therefore the objectors just mentioned, in order to be consistent and faithful to their own principles, ought to be precisely those to welcome most heartily that first endeavour towards independence represented by the Provident Dispensary as now constituted.

We have heard of complaints of existing Provident Dispensaries by medical men who have had experience of them, that there is a disposition in many of their ordinary members to treat their medical officers *de haut en bas*, as though they were servants duly paid for work done, and whose services might be claimed in a tone at once so commanding and humiliating that no honorary Medical Officer of the free Medical Charities would submit to it for a moment. If this be so now that Provident Dispensaries are partly supported by charity, it will, *à fortiori*, be much more so when they are wholly supported by their ordinary members. Perhaps, however, this objectionable feature is not generally characteristic of these institutions, and that means may be found to counteract the evil whenever it presents itself; still it must be admitted that in some degree it is probably inherent in the very nature of the institutions in question when ministering to the wants of, and partly managed by, uneducated men.

If, notwithstanding the difficulties which beset the development and working of Provident Dispensaries, experience should teach those who concern themselves with them how to avoid these difficulties, and to make these institutions yield their maximum amount of good associated with the minimum amount of evil, great progress will have been made in solving the problem how to remedy the very great abuses now attendant on the administration of Medical Charity.

It is, we think, worthy of note that if Provident Dispensaries become successfully and extensively worked, and finally become wholly self-supporting, their benefits will probably cease to be confined to the classes the chief members of which do not earn more than thirty or forty shillings a week, and we may anticipate that individuals of successively higher strata of society will organize themselves into co-operative medical associations, engaging their medical officers either at fixed salaries or to be paid in proportion to the number of patients treated, so that cheap medicine and the absence of doctors' bills may be among the allurements of the future. What may be the effects on the medical profession of that good time coming cannot, perhaps, be wholly foreseen: we incline to think that the medical

profession of to-day would view with grave apprehension the prospects of such a change; but, as we shall hereafter show, it is not probable that there would be substantial reasons for doing so; and, at all events, as the social transformations which time elaborates are to a great extent inevitable, if Provident Medical Institutions become generally established, medical men will evince their wisdom in adapting themselves to the new conditions in question.

Before we can form any definite opinion of the chances of success of the Manchester scheme above described, we need to know to what extent it will be assented to by the Medical Charities already existing. We understand that the Committee which has adopted the recommendations and rules laid before it by the Sub-committee appointed to prepare them, consists for the most part of Medical Officers of the various Medical Charities of Manchester, and of gentlemen who have given largely of their time and money in promoting the well-being of those institutions. We do not learn, however, that the managing authorities of them have become members of that Committee, and have therefore given their sanction to the scheme in question. They may have done so, but until assured that they have, we hesitate to believe in their co-operation. We greatly doubt whether even the authorities of the subscription-supported Hospitals will consent to surrender a large part of their independence, and whether the subscribers to them or their governors will consent to relinquish their privilege of recommending patients for treatment. Unless they will do these things the scheme of reform must, we fear, prove abortive; and, judging from all we know of men's motives, and especially of the conduct of the managers of Medical Charities, we confess that we are not sanguine of the success of the Manchester reformers. If the Manchester scheme fails, it seems to us that any similar scheme would have no shadow of a chance in London, where the materials and the difficulties to be dealt with are of a magnitude so much greater than those in Manchester, and especially where there are three immense Hospitals, the resources of which consist of endowments, and which therefore are so thoroughly independent that there is little hope of inducing them to join in carrying out any scheme like to that attempted at Manchester, and without their co-operation no such scheme would be at all practicable in the metropolis.

The authors of the Manchester scheme are thoroughly aware of the great difficulties to be contended with, and evidently do not expect to accomplish the federation of all the Medical Charities speedily: for we observe that in the body of rules which have been adopted, one of the duties of the Council is stated to

be—"To admit into the federation, from time to time, any Provident Dispensary or Medical Charity deeiding to adopt these prineiples." Probably the existing Free Dispensaries and the out-patient department of any hospital "deciding to adopt these prineiples," will be eonvcrted into provident institutions, and thus the prineiples will in the first instanec become realized in one distriet, and if experienee shows them to work well will gradually sprcad into othcrs. It has been found, we believe, that of the few Provident Dispensaries in the metropolis, those whieh are most in the outskirts sueeeed best, and for the obvious reason that the patients in the neighbourhood of it find it mueh morc eonvenient, and more to their advantage to obtain treatment there, even if they pay a small weekly sum for it, than to go to a Hospital or Free Dispensary at a considerable distance from their homes. This indeed is only another method of stating that Medical Institutions ministering to the lower elasses, if sustained by payments from those who avail themselves of them, eannot compete suceessfully with Medieal Institutions ministering to the wants of the same elasses, and reeeiving from those under treatment no payment for it. Both reason and experience thus point out that the best ehanee of developing Provident Medical Institutions in London ean only be seeured by starting them in neighbourhoods as remote as possible from the Hospitals and Frec Dispensaries—in the elose proximity of whieh they arc cither unable to live at all, or if when started they do survive, they merely eontinue a lingering and all but useless existence.

Having demonstrated that the various reforming agencies now passed in review arc unlikely to remedy in a radical manner the chief evil arising out of the existing system of Medieal Charity, we proeeed to direet the attention of our readers to a system whieh has been eontinued during more than twenty years, whieh has been eonducted on an extensive sealc, and whieh while not inimical to the growth and wide spread of Provident Medieal Institutions would, we believe, if assoeiated with them achieve all which is needful in order to insure that every person really and truly medically destitute shall reeeive adequatc relief, and that at the same time the abuses whieh have grown up as evils inseparably associated with the practice of Medieal Charity hitherto shall be brought to an end. We refer to the system of medical relief given to the out-door poor in Ireland, by authority of "an Aet to provide for the better distribution, support, and management of Medical Charities in Ireland," passed in 1851.

Until the date of that Act, thc provision for the Medieal re-

lief of the poor in Ireland consisted of the voluntarily supported Hospitals, of the Dispensaries, about six hundred in number (which were supported partly by voluntary subscriptions, and partly by contributions from the county cess), and of the Workhouse Hospitals. All the Workhouses have a very large amount of Hospital accommodation, and most of them have detached Fever Hospitals. The average number of patients in the whole of the Workhouse Hospitals of Ireland on the 1st of January of each year, from 1869 to 1873—both inclusive—was 16,837. But in January, 1851, *i.e.*, immediately before the Medical Charities Act was passed, the number in hospital was 28,922; and it is not unreasonable to suppose the largeness of the number at that time was due in great measure to the fact, that the provision for out-door medical relief was at that time very insufficient. "The Irish Poor Relief Act of 1838 contained no provision for the medical relief of the out-door poor; but by section 5 of the 10 Viet. c. 31, the Poor Law Commissioners were authorized to require the Guardians to appoint Medical Officers, for the purpose of affording medical relief out of the Workhouse, in those cases in which it should appear necessary and expedient that such appointment should be made." But little use, however, was made of this authority: only nineteen orders were issued. These were "addressed to the Guardians of sixteen unions, and applied to twenty-nine districts, for which twenty-nine Medical Officers were authorized to be appointed." But though so little was done under the powers conferred by the section just mentioned, that little seems to have been the nucleus or beginning of the system formally embodied and thoroughly set in motion by the Dispensaries Act of 1851.

The chief administrators of that Act are two Commissioners, one of whom is a physician or surgeon of not less than ten years' standing, and who has the title of Medical Commissioner; these, together with the Commissioners appointed under the "Act to provide for the Execution of the Laws for the Relief of the Poor in Ireland," now administer that Act and the Dispensaries Act of 1851. The two Commissioners just mentioned, "may from time to time appoint so many fit persons as the Commissioners of their Majesty's Treasury shall sanction, being practising physicians or surgeons of not less than seven years' standing, to be Inspectors to assist in carrying out the provisions of this Act, and may remove all or any of the said Inspectors, and appoint others in their place." The two Commissioners and Inspectors whom they appoint constitute the Governmental part of the organization for working the Act in question.

For the purpose of the Act each Irish Poor-law Union is subject to the approval of the Commissioners, divided by its

Guardians "into so many Dispensary Districts, having regard to the extent and population of such districts as may to them appear necessary," and care being taken always that no electoral division "formed under the Acts for the more effectual Relief of the destitute Poor be divided." In September, 1872, the number of such districts was 719.

In each district there is a Dispensary Committee which is elected annually, each Committee holding office until the appointment of a new Committee after the next annual election of Guardians in the Union of which the district forms a part. The Committee consists of the *ex-officio* and elected Guardians resident, or being the owners or occupiers of property in the district, together with so many resident ratepayers rated on a value of not less than 30*l.*, as may be necessary to make up a Committee of the prescribed number. The latter are elected by the Guardians.

There is at least one medical officer for each district, and there may be two or more if required. Each medical officer is appointed by the Dispensary Committee, at a salary determined by the Guardians, and subject to the approval of the Poor-law Commissioners.

A dispensary or office for the Medical Officer of each district and for the meetings of the Committee is provided by the Guardians. This comprises a waiting-room, a room in which the medicines are kept and dispensed, a consulting-room (in some cases there are two or more consulting-rooms), apartments for the dispenser or dispensers, and at one of the dispensaries of each district a room for the meetings of the Dispensary Committee.

The staff of each dispensary consists of the medical officer (in some cases there are two or three medical officers), a dispenser, and a porter, the dispenser being in every case a duly certified apothecary, and as a general rule resident on the premises.

The salaries of the medical officers rarely exceed 100*l.* per annum, exclusive of vaccination fees, and no extra fees are allowed for difficult operations. The salaries of the resident apothecaries vary from 70*l.* to 100*l.* a year, besides which they are provided with suitable apartments for residence at the several dispensaries.

Every member of the Dispensary Committee, every Relieving Officer, and every Warden* acting for an electoral division, included in a dispensary district, has power to afford Medical relief by the issue of a ticket for medicine and advice.

The tickets, the possession of which insure to their holders Medical relief, are of two kinds; the one printed in black entitles the

* The Wardens are unpaid officers appointed by the Guardians, and their chief duties are to provide for the conveyance of sick and infirm paupers, to receive applications for admission into the workhouse, and to report to the Guardians relative to the residence of the applicants.

applicant to advice at the dispensary, the other printed in red entitles him to attendance at his own residence.

After the applicants who are able to come to the dispensary have been prescribed for, the Medical officers usually proceed to visit the poor persons who may have to be attended at their own homes, taking with them a supply of prescription forms. These forms are filled up on the spot, and left with the patients, who send them to the dispensary and obtain their medicines. It is the duty of the dispensers to compound these prescriptions at any hour of the day or night.

Though every person supplied with a ticket is entitled to immediate Medical relief, he is only entitled to continue receiving such relief if the Committee do not declare him an unfit object of it: according to section 9 of the Act, "if any person who shall obtain a ticket for Medical Attendance from any Relieving Officer or Warden, or from any Member of the Committee, shall, at the next or any subsequent Meeting of the Committee after the issue of the ticket, be declared by a majority of the members then present, not to be a fit object for Dispensary relief, the ticket shall be cancelled and the holder thereof disentitled to further relief."

The total number of cases in which Medical relief was afforded under the Medical Charities Act, during the year ended September 30th, 1872, was 724,029; of these 513,170 were attended at the dispensaries, and 210,859 were attended at their own houses. During the last ten years the greatest total number of cases attended was 790,716 (during the year 1863), and the smallest total number was 760,797 (during the year 1866).

The following table exhibits under the six usual heads the general expenditure under the Medical Charities and Vaccination Acts for the two years ended September 29th, 1872.

Medical Charities Expenditure.

	1871.	1872.
1. Medicines and medical appliances	23,420*l.*	23,579*l.*
2. Rent of Dispensary buildings	7,563	7,844
3. Books, forms, stationery, printing, and advertising	1,166	1,275
4. Salaries of Medical officers	80,725	81,771
4. Salaries of Apothecaries	2,503	2,529
5. Fuel, porters, and incidental expenses	10,001	10,364
Expenses under Vaccination Act:—		
6. Vaccination fees and other expenses:		
Fees to medical officers	8,720*l.*	13,354*l.*
Other expenses	907	932
	9,627	14,286
Total	135,005*l.*	141,648*l.*

If the expenses under the Vaccination Act, amounting in 1872 to 14,286*l.*, be deducted from the total amount of Medical Charities expended for that year, we find that the expenditure by authority of the Dispensaries Act of 1851, exclusive of Vaccination Expenses, was 127,362*l.* This sum divided by the total number of cases attended in 1872, gives the cost of treatment of each case as very nearly three shillings and sixpence farthing. In order to meet the total expenditure, *i.e.*, including Vaccination expenses, an average poundage on the Poor Land Valuation of Ireland, now amounting to 13,329,354*l.*, of 2·55*d.*, was required.

Such in outline is the District Dispensary system of Ireland. Of course many details would have to be filled in in order to present a correct picture of it in every particular. We believe, however, that for the purpose of this article the above sketch will amply suffice. Mr. John Lambert, whose Report on the system contains a good account of it, sums up its advantages as follows:—

1. "It ensures for the destitute sick poor a sufficient supply of all necessary and proper medicines and medical appliances.
2. "It enables those who are not confined within doors to obtain medical advice at fixed hours, and within a convenient distance from their homes.
3. "It ensures for those who are unable to go out medical attendance, and enables them to obtain their medicines promptly.
4. "It affords facilities for vaccination, as well as for medical relief generally, by establishing fixed places at which it is well known that the medical officers must attend at stated hours.
5. "It provides an organization always ready, and capable of expansion, if necessary, to meet any outbreak of epidemic disease with promptness; whilst, at the same time, it is calculated to prevent disease becoming epidemic by early treatment, and by procuring the adoption of precautionary measures in any locality which may be threatened. These benefits have recently been largely realized in reference to cholera.
6. "By preserving a record of the medical treatment in every case, it furnishes a test of both the skill and attention of the medical officer.
7. "It prevents that conflict between interest and duty which must so often arise in the mind of the medical officer when he himself is required to provide medicines out of his salary."

We will add to this list another advantage, which in the eyes of the Medical Profession will, perhaps, seem the greatest of all, and which in our opinion is extremely important: the Act in question secures to every one of the Medical officers engaged in working it *payment for his labour*. As we have already stated the total cost, exclusive of vaccination expenses, was during 1872

127,362*l.*, and of this amount 81,771*l.* was paid to the Medical Officers, in other words they received nearly two-thirds of the total amount expended under the Act. It has been calculated that if the number of those who are merely qualified and who practice as apothecaries, of those who do not practice owing to old age, of those holding appointments which preclude them from practice, and of those who devote their whole time to special scientific pursuits, together with the number of the retired Army and Navy officers and young men whose names appear on the Irish Register for a few months merely till they enter the Army or Navy or go to England or elsewhere, be deducted from the total number of physicians, surgeons, and apothecaries in Ireland, the number remaining as physicians and surgeons in actual practice is about 2000. Now the total number of Medical Officers engaged during 1872 in administering the district Dispensaries Act was 801. If to these be added the number of Medical Officers of the 163 Workhouses in Ireland, the total number engaged as Poor Law Medical Officers amounts to close upon 1000, or the half of the whole of the Medical men in actual practice in Ireland. Now, by means of the salaries which this large proportion of the whole of the Medical practitioners actually practising in Ireland receive as Medical Officers under the District Dispensaries Act, the young medical men of Ireland obtain an important start in life, and are enabled to support themselves in modest comfort during the period of struggle which most medical men have to pass through before they succeed in establishing themselves in fairly remunerative practice.

An argument often advanced in favour of the Out-patient Departments of English, and especially of London Hospitals, is that they afford an invaluable sphere in which the rising generation of medical men obtain practice and experience of a most important kind, which otherwise would not be within their reach. The practice offered by the Irish District Dispensaries supplies all that which the Hospital Out-patient Departments supply in this respect and much more besides, for the experience obtained by visiting patients at their own homes—an experience presented by nearly a third of the whole of the District Dispensary cases—is in our opinion far more valuable than that of merely seeing and prescribing for patients in the out-patient consulting-room of a hospital or at an ordinary dispensary.

But even this admirable Act—admirable in its design, and to a great extent in its working—is grossly misapplied, and by a reckless perversion of its agency that cardinal abuse of medical charity—viz., its bestowal on persons who are not entitled to it, presents itself as the chief, if not sole evil of the system. According to the last Annual Report of the Local Government Board for Ire-

land "the returns of the Dispensary Medical Officers for the year ending September 30, 1872, give 257 cases in which tickets were cancelled in Ulster, 88 in Munster, 89 in Leinster, and 54 in Connaught." Now knowing as we do how large is the number of persons who apply for gratuitous Medical relief although they are not entitled to it, we are compelled to regard the smallness of the number of cancelled tickets just named—even the comparatively large number cancelled in Ulster—as evidence of one of two things: either the Act is administered with such wise discrimination and conscientiousness that as a general rule people who have no rightful claim on gratuitous Medical Charity know that it would be useless to apply for it, or of the many tickets which are probably granted to such people very few are cancelled. We fear that there is little room to doubt which of these two conclusions is the right one. Mr. Lambert says:—"I was assured at one place that retail tradesmen have been known to sign a book of tickets, and leave them to be distributed by their shopmen amongst any customers willing to accept them; and in another the Medical officer informed me that a member of the Committee had sent one of his children with a ticket, under a fictitious name, and obtained cod-liver oil for a period of three months. The dispenser at Limerick, who is also the House Surgeon to the Barrington Hospital, stated that the right conferred upon so many persons to give Medical orders is open to great abuse." Indeed, private practitioners complain of it as ruining their practice, just as private practitioners in London complain of the injury they sustain from the abuses of the out-patient system. It is alleged that in Ireland the abuse in question is partly "attributable to the professional etiquette which prohibits even a Surgeon from attending a patient for a less sum than a guinea; so that the question upon which the granting of medical relief is supposed to hinge is whether or not the applicant is provided with that sum." There is probably some truth in this statement, but we doubt if there is much: it may be that the prohibitions of professional etiquette are proclaimed more emphatically and are heeded more deferentially in Ireland than they are in England, but we venture to affirm that a large proportion of Irish physicians and surgeons see many of their patients more than once, and in many cases several times, for one guinea fee, and that in the experience of many general practitioners fees represented by some fraction of a pound form the rule—guinea-fees being rare and memorable exceptions. The fact is, the framers of the District Dispensaries Act were not impressed with the evils associated with the administration of Medical Charity and intent on remedying them: their object was to provide more general and effective relief of the medically

destitute than was possible before the passing of that Act, and hence their attention was not specially directed to guard against the abuse which has grown up in connexion with its administration.

The one defect of the Act consists in the absence of a clause making a thorough scrutiny of the claims of each applicant for relief stringently obligatory, insuring the refusal of relief to all found to be not entitled to it, and providing for the appointment of officers, or the organization of a system by which those two objects would be accomplished. In sparsely populated districts probably the best method of effecting them would be by the appointment of an officer in connexion with each Dispensary, whose chief if not sole duty should be that of rigorously investigating every fresh case, and who should be entrusted with the power of cancelling the ticket of every patient whom he might judge to be not entitled to gratuitous medical relief. He, like the medical officer, should hold his appointment from the Dispensary Committee, to which he should furnish periodical reports of his proceedings, and which, while exercising a general supervision and control over them, should form a sort of court of appeal in cases in which patients whose tickets he has cancelled complain that they are not justly treated. In those Dispensary districts most sparsely populated of all, and in which therefore the salary of such an officer would prove unduly burthensome, an arrangement might be made with the apothecary, or even the medical officer, to discharge the duties of investigator just described: in such cases a moderate addition to the salary of the one or the other undertaking those duties would, we doubt not, insure their efficient performance, seeing that precisely in the districts in question the professional duties of both the medical officer and apothecary are comparatively light. In the metropolis, and in all the largest provincial towns, an inquiry office in intimate relation with all the District Dispensaries of the town should be established, so that persons not entitled to relief, and who could not bear inquiry in their own district, should not be able, by baffling investigation, to obtain such relief elsewhere. In very populous districts a central office, with subordinate district officers for the purposes in question, would, we believe, achieve those purposes far more completely and far more economically than would be possible by the appointment of a special officer exclusively connected with each separate Dispensary.

It has been suggested that the right of giving orders for medical relief should be limited to relieving officers and *ex-officio* guardians, and though such a limitation might be inconvenient in thinly populated districts, it would probably prove very useful in towns. That by means of some plan well thought out in the

first instance, and corrected by increasing experience, the evil in question may be got rid of we feel quite certain, because, unlike the out-patient system of the voluntarily supported Hospitals now prevalent in England, the Irish District Dispensary system has no constitutional taint or inherent evil inseparable from it.

As an organization for administering medical relief to the poor, we believe this system to be the best which has yet been devised, that without serious difficulty it may be freed from the one fault attaching to it, and that thus freed it will accomplish all that the most enlightened philanthropist can reasonably expect from any method designed to fulfil the purpose in question. Freed as we have pointed out from the fault in question, and subject to certain restrictions to be presently mentioned, this organization is in our opinion especially well adapted to overcome the difficulties and to root out the abuses now characteristic of the English method of administering Medical Charity, so far as out-patients are concerned, and we should therefore rejoice to see it applied to the whole of England. Mr. Lambert, whom we have already quoted, and whose Report to Mr. Gathorne Hardy mainly contributed, we presume, to induce him to apply a somewhat similar measure to London, says respecting the Irish Act, "I think it right to add, that, after giving my best consideration to the system of Dispensary relief, I am of opinion that it is admirably adapted to the exigences of large and densely populated communities; and I do not hesitate, therefore, to recommend that it should form an element in any scheme for the improvement of Poor Law administration in this metropolis, subject, however, to a restriction, such as I have indicated, with respect to the issuing of tickets for relief."

The clauses of "The Metropolitan Poor Act, 1867," viz., those from 38 to 46 inclusive, which are headed "Medical Out-door Relief," and which enable, but do not compel, the Poor-Law Board to order the formation in the metropolis of District Dispensaries similar to those in Ireland, are much less definite than are those of the Irish Medical Charities Act, and seem to be framed so as to give to the Poor-Law Board a large discretionary or controlling power in the matter, rather than to define and direct with a master's hand how the guardians of the several Unions or Parishes shall so carry out in detail the principles of the system in question as to insure the best possible administration of it. In the English Act there is no provision whatever for restricting the application of Out-door Medical Relief to those only who are rightfully entitled to it. There is no definition of what constitutes a just claim to such relief—no one is empowered to grant tickets or letters of recommendation insuring it, and there is no provision by which any

person receiving it, but found to be disentitled to it, shall cease to receive it. Moreover, in this Act there is no provision for insuring that the Medical Officers shall visit patients at their own homes, and our readers will remember that this is a most important feature of the Irish Act—nearly a third of the whole of the patients being, as we have already said, relieved by authority of that Act at their own homes.

Another and most vitally important difference between the effects of the two Acts consists in the fact that whereas in England a recipient of out-door medical relief is *ipso facto* disfranchised, the political status of a person receiving like relief in Ireland, by authority of the District Dispensaries Act, is in no way affected thereby. We are quite certain that so long as disfranchisement attaches to the fact of receiving merely medical relief, any Act for the introduction of the District Dispensary system into England on a scale commensurate with the needs of the case, will virtually remain a dead letter; and we see no sufficient reason why such a penalty should attach to the acceptance of temporary out-door medical relief by the poor. Experience has decisively demonstrated that one of the most effective methods of keeping down the poor-rates consists in affording *thorough* and *prompt medical* relief to the sick poor, who, being restored to health, soon support themselves again, but who, if allowed to linger in suffering until their diseases assume chronic forms, become permanent invalids, and therefore more or less permanent burdens on their respective parishes. Wise administrators of the Parish or Union funds would best consult the interests of those who are compelled to provide those funds by facilitating to the utmost possible degree the discovery and treatment of the diseases of the poor in the first stages of their development; and of all contrivances for inducing those who are at once poor and suffering from disease to go on bearing their maladies until the time for curing them is past, we know none so admirably calculated to effect that purpose as that of affixing to every person who applies for medical relief the "scarlet-letter" of disfranchisement.

If Hospital reform were to be limited to the out-patient system, we should say what is wanted is a repeal of that part of "The Metropolitan Poor Act, 1867," which relates to "Medical Out-door Relief," and the application to all England, by a special Act of Parliament, of the Irish District Dispensaries Act, after it has been modified in the direction already indicated. The administration of relief by virtue of it should not entail disfranchisement on the recipient of such relief. The Act should not only give power to certain persons to grant tickets insuring medical treatment to their holders, but should, as far as possible, surround the exercise of that power with safeguards against its

abuse. It should be the duty of some person in official communication with the District Dispensary to investigate every case of doubtful title to relief, and to cause the ticket of any person who, though receiving relief, may be found to be disentitled to it, to be cancelled. Moreover, the Act should define the condition of persons entitled to relief; and in our opinion such a definition would be absolutely essential to the successful working of the Act. Considering that all persons above the class of the very poor may, in the event of an extensive development of the Provident Dispensary system, secure all needful medical assistance from Provident Dispensaries, that such dispensaries would be generally established were it not that they cannot compete with the system of gratuitous medical relief now given by the Hospital Out-patient departments and Free Dispensaries, and that it is desirable to encourage and foster provident habits to the uttermost, we are strongly of opinion that the District Dispensaries ought, so soon as Provident Dispensaries are generally established, to afford medical relief only to such persons as are incapable of contributing to a Provident Dispensary the small weekly sum which would entitle them to efficient medical assistance during illness.

In order to foster as much as possible the spirit and practice of the provident system it would, we think, be extremely desireable that every prescription paper issued by the District Dispensaries should have on the back of it (1) a concise description of the conditions of those persons who are alone entitled to gratuitous relief; (2) a statement that though such relief is granted at once to every applicant presenting a ticket entitling him to it, his position will be forthwith investigated, and if found such as to prove him an unfit object of such relief his ticket will be immediately cancelled; and (3) a description of the character and object of, and of the terms of admission to, the provident dispensaries. Such information so conveyed would, we believe, greatly aid the officers of the district dispensaries in restricting the benefits of those institutions to those for whom they are intended, would be of great use to, and would be duly appreciated by, many of the recipients of gratuitous relief, and would be the means of diverting a continuous stream of persons accepting such relief from the district to the provident dispensaries. If such an Act were passed, an Act ably and clearly drawn, and appointing special officers to carry it into operation as the Irish Act, 1851, does, but which the Metropolitan Act, 1867, does not, we believe it would be productive of an incalculable amount of good.

When once such an Act had come into full operation there would no longer be any reason for keeping open the out-patient departments of hospitals, or for continuing the free dispensaries,

and it is to be hoped that the authorities of most of the hospitals and many of the dispensaries would spontaneously close them as agencies for the administration of *gratuitous* out-door medical relief. If they should not, probably the supporters of those institutions seeing that as such agencies they were no longer required, and were, in fact, doing more harm than good, would gradually cease to subscribe to them. It might be necessary, in order to hasten this consummation, that some organized body of hospital reformers—the Medical Committee of the Charity Organization Society, for example—should make it one of their duties to inform the charity-giving public of the change which had been introduced, and that it was undesirable to continue supporting those voluntary medical charities which were endeavouring to prolong the present vicious system. The greatest difficulty which would have to be encountered in bringing that system to a close would probably present itself in the shape of the endowed hospitals. Those in London, having immense out-patient departments, being very powerful, and so constituted and privileged legally that it is very difficult to influence them, would most likely offer serious opposition to the proposed abolition of their out-patient departments. But any Home Secretary who may have the courage and determination to deal with this subject in the comprehensive manner here indicated, will not allow the execution of his scheme to be marred by the resistance of the governing bodies of those institutions. After their opposition had been withdrawn, or overcome, and the out-patient departments of both endowed and subscription-supported hospitals, together with the free dispensaries, had been closed, the gross abuses of medical charity, notoriously characteristic of those institutions would, of course, be brought to an end, and the funds now devoted to them could be diverted to other, and perhaps less questionable purposes.

Those agencies being abolished, and the out-door medical relief afforded by the new district dispensaries being limited to persons belonging to the classes above indicated, an ample sphere would exist for the operation and usefulness of provident dispensaries, on a scale sufficiently large to provide for the medical necessities of that majority of the lower classes who, though unable when ill to pay the ordinary fees of medical practitioners, can easily pay the small sum demanded weekly by the provident dispensaries from each of their members. When the working classes have been rescued from their present habits of relying upon gratuitous medical assistance during every illness, and have thoroughly adopted the provident system, they themselves, in many cases, will probably suggest to the medical men whom they know, and whose professional attendance they would prefer,

that they should be allowed to pay them instead of a provident institution, a small weekly or monthly sum, in order to insure their professional help in times of need: we believe that a large number of the general practitioners would cheerfully accede to such a proposal, and would set aside a certain part of each day for seeing such provident patients. In this way the development of the individuality, self-respect, and spirit of independence of the lower classes would receive additional impetus; they would come in contact with professional men on a footing far more satisfactory than that on which they now consult them; and those members of the medical profession who should enter into the arrangement here indicated would, like those officially connected with provident dispensaries, derive a portion of their income from a source which has not hitherto been utilized for the remuneration of the medical assistance given to the lower classes.

It remains for us to explain what in our opinion ought to be the arrangements for the accommodation of in-patients, or in other words, how our hospitals ought to be constituted, supported, and governed. Unfortunately we have left ourselves so little space in which to deal with this part of our subject that we shall be unable to discuss it with the fulness which its importance deserves, and which the difficulties besetting it demand.

We consider that the persons now receiving medical and surgical treatment in hospitals are divisible, and should be divided into three classes: (*a*) those inmates of workhouses who under existing arrangements are received into Workhouse Infirmaries; (*b*) those members of the working-classes who are suffering from maladies of such gravity as to need treatment in a hospital, and who, when suffering from lighter ailments, would be entitled to medical relief at one of the District Dispensaries; (*c*) all persons applying for admission as hospital in-patients, who are not members of either class *a* or of class *b*.

The whole of the patients forming class *a* should be provided for much in the same manner as they are now in the workhouse or poorhouse (we prefer the term poorhouse) infirmaries. The whole of the patients forming class *b* should be received into hospitals, the existence and support of which should be insured by Act of Parliament in the same way as the creation and support of the Irish District Dispensaries were insured by that authority. Class *c* should be admissible, and only admissible into hospitals, the inmates of which pay certain weekly sums for their support and treatment. There would thus be three kinds of hospitals—viz., the Poorhouse Infirmaries; the Public Hospitals; and the Provident Hospitals. The Poorhouse Infirmary would, as now,

receive those members of the poorhouse community who were too ill to take part in the ordinary life of that community, and to be treated merely by being supplied with medicines from the house-dispensary; the Public Hospitals would receive from the District Dispensaries patients whose maladies had become so grave as to need treatment in a hospital; and the Provident Hospitals would, in like manner, receive from the Provident Dispensaries patients whose maladies had also become so grave as to need treatment in a hospital. But the Provident Hospitals would not only receive such patients: they would also receive persons of any class above the three just described, who might be at once able and willing to pay for the medical or surgical assistance rendered to them.

Patients suffering from severe accidents, or sudden attacks of grave disease, apoplexy for example, whose circumstances may be unknown, would of course be taken to the Public Hospital, it being understood that of such patients who recover, those able to pay for their treatment will be bound to do so according to a scale to be determined on and announced in each Public Hospital.

According to the arrangements here proposed the House-dispensary and the Infirmary of the Poorhouse would, as now, be two parts of one whole system adequate to administer medical relief to all the sick members of the pauper community; the District Dispensary and the Public Hospital would be two parts, also intimately connected, of one system insuring adequate medical relief to the sick portion of those strata of society the members of which, except during illness, claim no extraneous support; and the Provident Dispensaries and Provident Hospitals also closely correlated, would minister to the medical and surgical needs of all persons who were above the classes previously mentioned, who were thoroughly self-supporting, and who, though being so, were intent on securing for themselves when needed the best possible professional assistance at the least possible cost.

The Poorhouse Infirmaries and Public Hospitals being charitable institutions would, of course, restrict their benefits to the classes *a* and *b* respectively—classes which, though more or less definitely separate from each other, have each a recognised claim on public compassion and beneficence, and which by virtue of receiving the latter, are distinctly marked off from the other classes of society. But the Provident Hospitals, on the contrary, would, in the course of time, extend their benefits to every person choosing to subscribe to them the minimum amount which, according to their rules, would insure admission into them. All classes above classes *a* and *b* being self-supporting and independent classes, are classes to which provident, or self-supporting hospitals are capable of being adapted. Obviously, the relative advantage derivable from them by any given class

will be proportionate to the intensity of the struggle for life, and the need for the practice of stringent economy by that class. It is probable, therefore, that the class immediately above class *b* will make by far the greatest use of Provident Hospitals—at least in the first period of their extensive formation. We believe, however, that it is likely that the time will come when Provident Hospitals will be made use of by a large number of persons of almost every social grade except the two lowest already indicated, that many such hospitals will be fitted up with wards and apartments of various degrees of comfort and luxury as, if we are not mistaken, is already the case in the *Maison Municipale* of Paris, and that as the great usefulness and value of such hospitals become increasingly recognised some will be built, furnished, and have the whole of their appointments and management on a scale and in a style adapting them for the exclusive use of special classes of society. Of course such a differentiation of the invalid parts of the community into hospitals representative of several different social grades could only occur in large cities; but as a like differentiation can be effected to a considerable extent even within the limits of one medium-sized hospital, the feeling of caste may thus be amply ministered to in any town sufficiently large to support only one hospital on the Provident principle. We feel sure that many thousands of persons of the fairly affluent classes would avail themselves even now of such hospitals if they already existed, and, to put an extreme case, in order fully to exemplify our meaning, we see nothing extravagant in the supposition that if the Duke of Westminster, or one of our Merchant-princes, were convinced, as he might be, that were he dangerously ill he would probably fare better on the whole in such a hospital, and that the cost of his treatment and nursing would be very much less than in his own home, he would decide to enter the hospital.

The professional staff of each Public Hospital should consist not only of the resident medical officers, but of physicians and surgeons in general practice, and each member of the staff ought to be appointed, as in Paris, after he has proved himself by competition with rival candidates for the office, the best man applying for it.*

The Poorhouse Infirmaries as now conducted are considered, and we believe for good reasons, unsuitable places for clinical instruction: a large proportion of the cases to be seen in those

* The appointments of all medical men constituting the several professional staffs of the Paris hospitals are competed for before a body of hospital medical men, who are bound to appoint the best men. The successful competitors once appointed, and thus placed on the list of *Médecins des Hopitaux de Paris*, take their turn in getting other and higher places by seniority.

infirmaries are of a chronic type, and therefore, comparatively speaking, are but slightly instructive. Moreover, many of the patients are so old and so infirm, that it would be cruel to submit them to the frequent examinations of a number of medical students. There is, no doubt, a certain number of patients in each of these infirmaries who are not old, and whose maladies are not of the chronic type; still we incline to think, that as the prevailing features of the majority of the Infirmary cases are of the kind just stated, Poorhouse Infirmaries are far from being the most appropriate places for clinical study. On the other hand, we do not think that the patients in each of those Infirmaries ought to be left under the sole charge of one resident medical officer, whose salary is such as to be unlikely to command a man above the grade of mediocrity; and we are strongly of opinion, that a consulting physician and a consulting surgeon in general practice, ought to be attached to each of these institutions.

The Provident Hospitals could not be made available for teaching purposes, except to a very limited extent, because persons who pay—and patients in the Provident Hospitals would pay for their medical or surgical assistance—would be unwilling to allow themselves to be examined over and over again, first by one student and then by another, as they must be if they are to serve as profitable illustrations of clinical lectures.

The Public Hospitals considered as places for clinical teaching are, however, free from the difficulties and objections which present themselves both in the Poorhouse Infirmaries and in the Provident Hospitals: the patients would present the greatest possible variety of disease, and under conditions most favourable for a thorough study of them; and being treated without any cost to themselves, such patients would consent to submit themselves to the examination, clinical study, and discussion necessary for the medical education of the young men attending these hospitals. Moreover, only in hospitals of this class could professional teachers at once sufficiently eminent, and sufficiently numerous to conduct thoroughly superior medical schools, and to maintain them in high repute, be *insured:* the Poorhouse Infirmaries are not, and are not likely to be, attended by such teachers; the members of the Medical staff of the several Provident Hospitals would be appointed by persons responsible only to the supporters of those hospitals, and though many such members might be first-class men, the only guarantee that they would be so, would consist in the gradual increase of knowledge and common sense in the supporters of those institutions; but the appointments of the professional officers of the Public Hospitals, made as already suggested, would be made by men who

would be selected on account of their special fitness for the duty, who would be directly responsible to the public authorities selecting them for the faithful discharge of their duty, and who only after a rigorous competitive examination would choose the ablest and most accomplished candidates.

In order to secure to the medical students attached to any given hospital the greatest possible facilities for that kind of practice which is now presented in the out-patient departments of Hospitals and in the free dispensaries, every public Hospital should have a District Dispensary attached to it; and such a direct connexion of the two which in all cases would be already connected by their oneness of principle, by their mutual co-operation, by the restriction of their beneficence to one and the same class of persons, and by the fact of their support from one common source, would always be easily accomplished—generally, indeed, by the simple conversion of a pre-existing out-patient department into a District Dispensary.

Such, thus briefly sketched, is the method of administering Medical Charity which we should organize and establish, if we were called upon to design and apply a system capable of insuring adequate Medical relief gratuitously to all persons—whether as out-patients or as in-patients—who are really fit objects of it, capable of restricting such relief to such persons, capable of aiding and strengthening the endeavours of those who are struggling either to achieve or to maintain their independence of gratuitous medical assistance, and capable of so developing and fostering provident habits in the people at large as, without straining their resources, to insure ample and efficient professional assistance in times of sickness, and thus to cause the number of those who depend on receiving gratuitous medical relief, to become in proportion to the whole population gradually less as time advances.

But here the question arises—Is such a system practicable? We believe it is. Certainly no part of it is practicable without the assistance of Parliament; but if Parliament interferes at all, it would be quite possible as well as extremely desirable that it should do its work thoroughly. The medical relief of the poorhouse communities is already provided for. The establishment of the District Dispensaries and their correlatives the Public Hospitals, and the provision necessary for their permanent maintenance would constitute the chief need for Parliamentary action. The nature and force of the opposition from "vested interests" which that action would encounter, would be determined by the nature of the plan for dealing with existing hospitals, which would have to form a part of the measure proposed for enactment. Happily

Parliament has already affirmed, we believe, in no doubtful terms, its complete competency to deal as may seem to it best with existing endowments—ecclesiastical and educational endowments for example. In our opinion, all endowed hospitals in the kingdom ought to be reconstituted so as to become "Public Hospitals," in the sense in which we have defined and used this term, and ought then be placed under the responsible control of the parochial or municipal authorities of the place in which they are situated, subject to the supervision, and if need be, the order of a Commissioner especially appointed by Parliament, to superintend the working of the District Dispensaries and Public Hospitals, and responsible to the chief of the Poor-law department, who in his turn is responsible to Parliament. Were this plan adopted, and were the endowed hospitals, thus reconstituted as Public Hospitals, to extend their benefits only to those persons comprised in class *a* as above defined, the funds derived from their endowments would not only suffice for maintaining and conducting them in an efficient manner, but would, in many cases, yield a surplus amply sufficient for the support of the District Dispensaries of the district or districts contiguous to them. Of the metropolitan hospitals, St. Bartholomew's, St. Thomas's, and Guy's would certainly have to be subject to the change just described. Others which are only partially endowed, and which have medical schools attached to them, would have to adopt one of two courses: either they would have to submit themselves to be changed into "Public Hospitals" and to all the conditions attaching to them, and could thus retain their medical schools; or they could convert themselves into Provident Hospitals, and thus insure their independent existence as hospitals only. They would be obliged to adopt one of these two courses for the following reasons:—they would be unable to maintain their *status quo* in the presence of "Public Hospitals" sufficiently extensive or numerous to minister to the medical need of all persons constituting class *a*, because when the charity-giving public becomes assured that the needs of that class are adequately provided for, it will discontinue its support of hospitals of the kind in question; and, therefore, unless they become transformed into "Public Hospitals," and thus obtain support by order of Parliament, or into "Provident Hospitals," and thus obtain support from the provident, they would no longer have a *raison d'être*, and would probably, after suffering a lingering decline, become extinct.

We think the great multiplication of Medical Schools which has taken place in the metropolis is a great evil, that in this respect we should do well to approximate to the system exemplified in Paris, and that in any case three distinct schools,

connected respectively with St. Bartholomew's, St. Thomas's, and Guy's, would more than suffice for all the medical students likely to assemble in the metropolis. We believe that were there only one large school, the students of which would be admissible to each of the Metropolitan Public Hospitals, it would be possible to insure that its professional chairs should be filled by men of the very highest eminence, and that, therefore, the whole of the students might have the inestimable advantage of being taught by such men instead of as now, in the majority of cases, by a large number of respectable mediocrities who lecture to all but empty benches. Moreover, by the concentration of force and appliances here suggested, the total cost of educating the whole of the students assembled in London at any one period would be wonderfully lessened, to the great advantage alike of the students and the public, which must ultimately re-imburse that cost.

In those cases in which entirely new Public Hospitals would have to be established, the funds would have to be raised as are those which are appropriated for the establishment and support of District Dispensaries. Calls on the parochial or union authorities for such funds, would probably be met in the first instance by vehement protests and efforts of resistance. But if Guardians and Ratepayers can be convinced that by providing such hospitals to the full extent required they will really lessen the total amount which will have to be levied for the support of the poor, they will soon learn the wisdom of co-operating cheerfully in establishing them; and we affirm that they can be thus convinced by being thoroughly informed of the financial results of the working of the system of District Dispensaries throughout Ireland—results which have been carefully analysed and described by Dr. Rogers, President of the Poor Law Medical Officers' Association.

Experience has proved—that in the initiation of Provident Dispensaries, honorary subscriptions are required; and in like manner the Provident Hospitals which are first established, will probably also need some extraneous aid at starting. It is, therefore, with peculiar satisfaction that we contemplate the prospect of a transformation of subscription-supported hospitals and free dispensaries into Provident Hospitals and Provident Dispensaries respectively, because the majority of such subscription-supported hospitals and dispensaries possess endowments or invested funds to some extent, which might be rendered available for assisting them after their transformation. We presume, of course, that the funds belonging to every hospital and dispensary so reconstructed by its Managing Committee, with the consent of its subscribers, would be appropriated to aid in carrying it on.

Such aid would, as we have said, be needed in the first instance, and would continue to be necessary until the competition for patients, forming part of the present vicious hospital and dispensary system, and impeding the establishment of provident medical institutions, shall have wholly ceased, and until the beneficence of the provident principle should have become so thoroughly, generally, and practically recognised as to insure that the difficulty of establishing and successfully carrying on wholly self-supporting Provident Dispensaries and Provident Hospitals, to an extent commensurate with the needs of those strata of society immediately above class *b*, would be no longer experienced.

Our readers will observe, that the preceding sketch of the reform we think desirable consists of two parts—the one proposing a remedy for the abuses of Medical Charity associated with our method of giving relief to out-patients only, the other proposing along with that remedy a scheme for the thorough reformation of our whole hospital system.

If only the first part of our programme of reform were adopted and enforced, there would, we doubt not, be an end to the grossly tyrannical conduct of hospital committees and hospital autocrats towards medical men who expose and protest against existing abuses; there would possibly, if not probably, be an end to the despotic reign of hospital secretaries; impostors, hypocrites, and other persons demanding gratuitous medical relief, but having no rightful claim to it, would be speedily detected, and summarily dismissed by officers especially appointed on account of their peculiar aptitude to investigate and judge of the character of doubtful cases, and responsible for the efficient discharge of their duties either primarily to the District Dispensary Committees, and secondarily to the District Dispensary Inspectors, or to the chiefs of offices especially established to conduct inquiries over areas, the extent of which would differ in different cases, and would be so determined in each case as most likely to conduce to the accomplishment of the end in view; the really fit objects of out-door medical relief would, as a general rule, liable of course to occasional, but we believe rare, exceptions, become the exclusive recipients of it; the development of Provident Dispensaries would receive a powerful impetus; the whole of the medical men engaged in the administration of out-door medical relief, whether through the agency of the District Dispensaries, or that of the Provident Dispensaries, would be paid, as they certainly ought to be, for their professional labour; and there would be an end to the present prodigal expenditure of hundreds of thousands of pounds on a kind of medical charity a large part of which is productive of much more harm than good.

But if the larger measure of reform which we think needful,

and which would consist in the establishment, *directly* in the manner described not only of a number of District Dispensaries but of Public Hospitals—a number sufficiently great to meet the requirements of the class for which they are designed, and *indirectly* of Provident Hospitals in numbers corresponding to the demand for them, were carried out, the provision of medical help for the lower classes of the United Kingdom would then, in our opinion, be complete. The nature of that provision would be various, the different kinds corresponding to the differing conditions and needs of the sufferers. The organization of medical charity insuring those results would be expansible, and capable of orderly growth in accordance with the growth of the population. It would especially favour the relatively rapid development of self-supporting institutions for the supply of medical relief, and would, therefore, tend to lessen the need of the purely charitable element more and more. It would provide for the payment of all medical men concerned in its administration. It would insure that the posts of official honour and responsibility in the Public Hospitals should be awarded only to those physicians and surgeons who were proved by a rigorous competitive examination to be most truly worthy of them. While providing the most ample opportunities for clinical study, it would foster the development of a really great and thoroughly national school of medicine in the metropolis. And finally, it would facilitate the gradual transformation of existing medical institutions, so that they might mould themselves in accord with the changing conditions of the present and of the future, and thus while effecting a thoroughly radical reform, would do so in a wise and truly conservative spirit.

As these results cannot be achieved without the agency of Parliament, we are confronted with the question—Will the present Government be likely to undertake the task of effecting a reform of the existing system of Medical Charity, of a kind and of the magnitude we have described? We confess we are not without hope that it may. Those of our readers who belong to the medical profession will probably remember that the first long period of struggle for reform of the constitution and working of the numerous medical and surgical diploma-granting bodies of the United Kingdom, and for causing them to co-operate in increasing the quantity and improving the quality of medical education, was closed by the Medical Act, 1858, which owes its existence to the fact that the Conservative Home Secretary of that time, Mr. Walpole, recognised the expediency of making Medical Reform a Government measure, and worked at it indefatigably, as we can testify from personal knowledge, until that measure became law. He was pleased to express his indebtedness

to articles* which were published in the *Westminster Review* at that time, and which he intimated had been of essential service to him in enabling him to deal with the complex subject in question; and we venture to hope that the present Home Secretary, after duly considering the gross abuses of Medical Charity now prevailing, and the measures we have proposed for their eradication, may resolve, with the concurrence of his colleagues, to grapple with the evils which we have endeavoured to expose in language free from exaggeration, and which is now attracting a large share of public attention. We encourage this hope because, paradoxical as the fact may appear, experience teaches that "Conservative" statesmen, while slow to make changes in the distribution of political power, or to introduce what are usually understood as "political" reforms of any kind, not seldom surpass their "Liberal" opponents in appreciating the necessity of so-called "social" reforms, in willingness to undertake them, and in the broad and comprehensive spirit in which they effect them. We therefore earnestly commend the subject we have been discussing to Mr. Secretary Cross's serious attention, and confidently prophesy that if he should deal with it as becomes a Minister of the Crown duly solicitous to free existing institutions intended to lessen or assuage the sufferings of the sick poor from their notorious abuses, and so to supplement and perfect them that they may fully accomplish the objects of their founders, he will achieve a pre-eminently beneficial work, and will earn the gratitude of millions of British subjects.

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* Articles on "Medical Reform" and "Medical Education," which, with additions, have since been republished under the title of "Medical Institutions of the United Kingdom."

APPENDIX.

NOTE A (*see page* 7).

List of Hospitals and Dispensaries not included in the Tables given at pages 4, 5, *and* 6.

Name.	Beds.	In-Patients.
Central London Sick Asylum, Highgate	523	2,200
Erith, Crayford, and Belvedere Cottage Hospital	6	55
French Hospital and Dispensary	20	
Home for Incurables and Hospital for Women and Children, Vincent Square	6	
Infirm Women	31	
Invalid Asylum, Stoke Newington	31	130
London Temperance Hospital	20	
Poplar and Stepney Sick Asylum	586	1,935
St. John's and St. Elizabeth's Hospital for Chronic and Incurable Cases	45	103

Dispensaries.	Patients.
Anerley Dispensary and Lying-in Charity	
Battersea, S.W.	764
Belvedere, S.E.	324
Bexley, S.E.	235
Brixton, S.W.	3,300
Central Pancras Provident	300
Children, North West London	3,436
Child's Hill Provident	
Chiswick and Turnham Green	
Dulwich, Hamilton Road, and Lower Norwood Provident	1,500
Ear and Throat, Metropolitan Infirmary for	1,500
Ear, City Institution for Diseases of	
Ear, Metropolitan Infirmary for	
Fistula, St. Martin's Dispensary for	
Forest Hill Provident	1,450
Gipsey Hill and Upper Norwood	3,200
Hampstead Provident	1,333
Hendon Provident	
Highgate	1,090
Hornsey	400
London	3,273
London Medical Mission	
Lying-in Institution	
Notting Hill Provident	
Penge	805

Dispensaries.	Patients.
Plumstead	300
Portland Town	
Public	4,000
Royal General	15,348
Royal Kent	3,810
St. Ann's	
St. George's	
St. James's and St. Ann's	7,067
St. Paul's and St. Barnabas's	
Skin, City Provident Dispensary for Diseases of	3,120
Truss Society, National	484
Vaccine Institution, Royal Jennerian and London	4,000
Walworth Provident	6,500
Wandsworth Provident	3,182
Westbourne Provident	5,162
West Hall	

NOTE B (*see page* 24).

The London Hospital.

The statement of "A Physician," quoted at page 24, is contradicted by the Secretary of the London Hospital, Mr. Nixon, in the following terms :—

"The only portion of this paragraph which is correct is that which refers to the liberal contributions of the firm in question. The cases which they send to us are simply those of accident and serious disease —the men keeping up among themselves (with the aid, I believe, of the firm) one or more very efficient sick clubs for attendance on all ordinary cases. The statement that maternity aid is provided by us for the wives of these well-paid men is utterly without foundation, the fact being that our maternity cases are all of the very poorest class, and that every applicant for a ticket must first bring to us a certificate signed by a minister of religion of the district in which she resides, stating, among other things, that she is *poor*, and a fit object for our Maternity Charity."

We submitted these observations to the physician whose statement we had quoted. He reaffirms and justifies that statement in a letter addressed to us 23rd February, 1874, and which we here append :—

"The facts to which I spoke came under my own personal observation, when filling the office of house-surgeon and other posts at the London Hospital, now ten or twelve years ago ; and there is no reason to believe they are other than true even now. You will observe that they are not contradicted in effect by the statement of the secretary ; for I did not assert that the wives of Messrs. Truman, Hanbury & Buxton's employés were exempt from the operation of the rule which called upon the applicants for the benefits of the Maternity Charity to produce a certificate signed by a minister to say that they were married, and deserving. The procuring and filling up of this certificate is of

course a matter of the merest form. Moreover, I did not deny that a club had been established among the men, to which probably the principals contributed; but this was for the purpose of obtaining medical attendance at the patients' own homes when they could not be admitted into the Hospital, and when they were too ill to apply as out-patients.

Mr. Nixon says that the firm send 'simply cases of accident and serious disease;' but by the rules and practice of the Hospital these cases (especially the former) are always admissible without letters or recommendation of any kind, and no one need send them, for they may apply, and do apply, of themselves. That statement, therefore, is worth nothing.

"I consider, then, that I am justified in repeating and holding as proved my original assertion—viz., that Messrs. T., H. & B. contribute to the funds of the Hospital, and obtain in return (and exercise) the privilege of having medical attendance for their employés, their wives and families, and that the *quid pro quo* is four out-patients or one in-patient at a time for every five guineas a year, or thirty guineas in one payment, that they subscribe.

"Not only that, but so lax was the method in which out-patients' tickets were distributed, that at the time of which I speak any one could apply at the Clerk's Office at the Brewery, and obtain tickets for the asking."

NOTE C (*see pages* 35 *and* 36).

The London Hospital.

In the Letter from which an extract is given in the preceding note, Mr. Nixon objects to the general drift of the passage, at pages 35 and 36, concerning the financial condition of the London Hospital. He admits the facts stated in the text, but denies the correctness of the conclusions drawn from them. Instead of contemplating the "temporary deficits" in question "with perfect equanimity," he looks on them as matters of very grave concern, and dissents altogether from the statement "that the time can scarcely be far distant" when the permanent income of the hospital will be so large as to render it "either independent, or nearly so, of further aid from without."

If we could agree with Mr. Nixon in believing it expedient to afford gratuitous medical relief, not only to all those who now obtain it from the London Hospital but to the continuously increasing crowd of those who will hereafter apply for it, we should at once admit the validity of his objections to what we have said; but the question, whether the administration of gratuitous medical relief on the immense scale and in the manner which obtains at the London Hospital is expedient or accordant with sound public policy, is precisely the question at issue. Holding the opinions we have expressed on the subject, we find after duly considering Mr. Nixon's letter, no reason to alter them, or to make any change in the general tenour of the observations to which he objects. In fact, the letter is written by an earnest devotee of the existing system of Metropolitan Medical Charity, and is an instructive exemplification of what, at pages 31 and 32, is described and designated as *hospitalism*.

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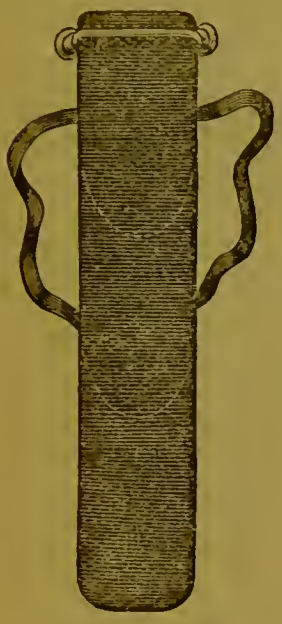

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